

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000010422

Entity Name: INFINITE PRODUCTS, INC.

FILED  
Jan 30, 2005  
Secretary of State

## Current Principal Place of Business:

P. O. BOX 3571  
HALLANDALE, FL 33008

## New Principal Place of Business:

## Current Mailing Address:

P. O. BOX 3571  
HALLANDALE, FL 33008

## New Mailing Address:

FEI Number: 65-0887671

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NEUSCHATZ, JANET  
1833 S. OCEAN DR., #PH11  
HALLANDALE, FL 33009 US

## Name and Address of New Registered Agent:

NEUSCHATZ, JANET  
400 LESLIE DRIVE #1116  
HALLANDALE, FL 33009 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

01/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: NEUSCHATZ, JANET  
Address: 1833 S. OCEAN DR., #PH 1  
City-St-Zip: HALLANDALE, FL 33009

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: NEUSCHATZ, JANET  
Address: 400 LESLIE DRIVE, #1116  
City-St-Zip: HALLANDALE, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANET NEUSCHATZ

P

01/30/2005

Electronic Signature of Signing Officer or Director

Date