

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000010495

Entity Name: TECHSTAR CORPORATION

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

4823 MALIBU DRIVE
LAKE WALES, FL 33859

New Principal Place of Business:

Current Mailing Address:

4823 MALIBU DRIVE
LAKE WALES, FL 33859

New Mailing Address:

FEI Number: 65-0892639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURGESS, JOSEPH L
4823 MALIBU DRIVE
LAKE WALES, FL 33859 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D/CH () Delete
Name: BURGESS, JOSEPH L
Address: 4823 MALIBU DRIVE
City-St-Zip: LAKE WALES, FL 33859

Title: DVP () Delete
Name: BURGESS, JOSEPH A IV
Address: 4823 MALIBU DRIVE
City-St-Zip: LAKE WALES, FL 33859

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: BURGESS, RACHELE
Address: 4823 MALIBU DRIVE
City-St-Zip: LAKE WALES, FL 33859

Title: D () Change (X) Addition
Name: BURGESS, AMANDA
Address: 4823 MALIBU DRIVE
City-St-Zip: LAKE WALES, FL 33859

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: JOSEPH BURGESS

CH/D

04/29/2005

Electronic Signature of Signing Officer or Director

Date