

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90159 029 \*\*\*150.00

<b>DOCUMENT # P99000022840</b> 1. Entity Name <b>AMERIBUS MANUFACTURING INC.</b>																																			
Principal Place of Business <b>6069 NW 24 STREET BOCA RATON, FL 33434</b>		Mailing Address <b>6069 NW 24 STREET BOCA RATON, FL 33434</b>																																	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address <b>7121 Mallorca Cres</b> <b>Boca Raton Fla</b> City & State Zip <b>33433</b> Country <b>USA</b>																																	
4. FEI Number <b>65-0709017</b>		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																																	
6. Name and Address of Current Registered Agent <b>QUEST, RAYMOND 6069 NW 24 STREET BOCA RATON, FL 33434</b>		7. Name and Address of New Registered Agent Name <b>Donald L Summer</b> Street Address (P.O. Box Number is Not Acceptable) <b>7121 Mallorca Crescent</b> City <b>Boca Raton</b> FL Zip Code <b>33433</b>																																	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE:																																			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY - ST - ZIP         </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Delete         </td> </tr> <tr> <td style="padding: 2px;">           P SUMMER, DONALD L 6069 NW 24 STREET BOCA RATON, FL 33434         </td> <td></td> </tr> <tr><td style="padding: 2px;"> </td><td><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;"> </td><td><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;"> </td><td><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;"> </td><td><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;"> </td><td><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;"> </td><td><input type="checkbox"/> Delete</td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	P SUMMER, DONALD L 6069 NW 24 STREET BOCA RATON, FL 33434			<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY - ST - ZIP         </td> <td style="width: 50%; padding: 2px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">           Donald L Summer 7121 Mallorca Crescent Boca Raton Fla 33433         </td> <td></td> </tr> <tr><td style="padding: 2px;"> </td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;"> </td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;"> </td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;"> </td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;"> </td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;"> </td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	Donald L Summer 7121 Mallorca Crescent Boca Raton Fla 33433			<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.																																			
SIGNATURE:		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: <b>Donald L Summer</b> Date: <b>4/3/05</b> Daytime Phone #: <b>561-8834436</b>																																	