

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000035142

1. Entity Name  
 UP UP AND AWAY INT'L, INC.



Principal Place of Business  
 4999 PELICAN STREET  
 COCONUT CREEK, FL 33073

Mailing Address  
 4999 PELICAN STREET  
 COCONUT CREEK, FL 33073



04262005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 65-0916823 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DESOUZA, NIGEL A  
 4999 PELICAN STREET  
 COCONUT CREEK, FL 33073

**DO NOT WRITE IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relocating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP  
 PST  
 DESOUZA, NIGEL A  
 4999 PELICAN STREET  
 COCONUT CREEK, FL 33073

U00000357766  
 05/04/05-80087-025 158.75

**DO NOT WRITE IN THIS SPACE**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT  
 NIGEL DESOUZA

4/29/05  
 Date

(954) 698-7197  
 Daytime Phone #