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Secretary of State

03-21-2005 90127 010 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000060139

1. Entity Name
ANCHOR INSERTS CORPORATION

50029841

Principal Place of Business	Mailing Address
2218 Doer Ln Apopka, Fl. 32703	Anchor Inserts Inc P. J. Strom 2218 Doer Ln., Apopka 32703
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country: Orange

03132005 Chg-P CR2E034 (10/03)

4. FEI Number: 59-3597882 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~BLACK, JAMES 4820 N CHURCH AVE TAMPA, FL 33614~~ CHANGE —	Name: Pamela J Strom Street Address (P.O. Box Number is Not Acceptable): 2218 Doer Lane City: Apopka, FL Zip Code: 32703

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 X Pamela J. Strom 3-15-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PT NAME: WADE, VICTOR STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS: 2218 Doer Ln, CITY-ST-ZIP: Apopka Fl 32703	☒ Change ☐ Addition
TITLE: DSVP NAME: BUTLAND, IAN STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS: 2218 Doer Ln CITY-ST-ZIP: Apopka Fl 32703	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: X V Wade 03/15/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Victor Wade | Date | Daytime Phone #