


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 27, 2005 8:00 am**  
**Secretary of State**

05-27-2005 90023 014 \*\*\*150.00

DOCUMENT # P99000072587

1. Entity Name  
 CHRIS IRVINE, INC.



Principal Place of Business      Mailing Address

~~9817 COMPASS POINT WAY~~      ~~9817 COMPASS POINT WAY~~  
 TAMPA, FL 33615      TAMPA, FL 33615

2. Principal Place of Business      3. Mailing Address

18127 Patterson Rd      18127 Patterson Rd  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



04252005      Chg-P      CR2E034 (10/03)

City & State      City & State

Odessa, FL      Odessa, FL

Zip      Country      Zip      Country

33556      US      33556      US

4. FEI Number      Applied For

59-3590287      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

LOVELACE, WILLIAM K ESQ  
 401 S. LINCOLN AVENUE  
 CLEARWATER, FL 33756

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      FL      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_

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

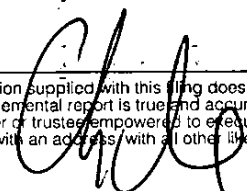
**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

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 NAME STREET ADDRESS CITY-ST-ZIP	P IRVINE, CHRISTOPHER <del>9817 COMPASS POINT WAY</del> TAMPA, FL 33615	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 18127 Patterson Rd. Odessa, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:       Date: May 21, 05      Daytime Phone: 727-421-7272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR