2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: Y

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 31, 2005 08:00 AM **DOCUMENT # P99000081543 Secretary of State** 1. Entity Name EXPLORER ENTERPRISES, INC. Principal Place of Business Mailing Address 144 NE 1ST AVENUE 144 NE 1ST AVENUE HALLANDALE, FL 33009 HALLANDALE, FL 33009 01252005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0948034 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHOSHAN, MARC DO NOT WRITE 144 N.E. 1ST AVENUE HALLANDALE, FL 33009 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 DATE (NOTE, Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PSD TITLE SHOSHAN, MARC NAME STREET ADDRESS 144 N.E. 1ST AVENUE CITY - ST - ZIP HALLANDALE, FL 33009 tini juga alijusta Šijo koloviji nesio ili deligari TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NUUS STREET ADDRESS DO NOT WRITE CITY - ST - ZIP TITLE IN THIS SPACE 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 costs 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.

FILED