
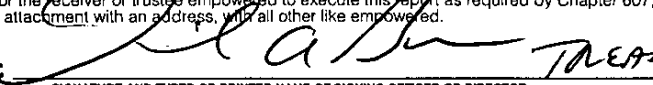


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2005 8:00 am**  
**Secretary of State**

01-07-2005 90017 001 \*\*\*150.00

<b>DOCUMENT # P99000096656</b> 1. Entity Name <b>WAREHOUSE AMERICA, INC.</b>			
Principal Place of Business <b>8220 STATE RD. 84 #200 DAVIE, FL 33324</b>		Mailing Address <b>8220 STATE RD. 84 #200 DAVIE, FL 33324</b>	
2. Principal Place of Business Suite, Apt. #, etc. <b>7320 GRIFFIN ROAD SUITE 203 DAVIE, FL 33314</b>		3. Mailing Address Suite, Apt. #, etc. <b>7320 GRIFFIN ROAD SUITE 203 DAVIE, FL 33314</b>	
City & State <b>DAVIE, FL 33314</b>		City & State <b>DAVIE, FL 33314</b>	
Zip <b>33314</b>		Zip <b>33314</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>65-0958609</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>BARR, DANIEL A 8220 STATE RD. 84 #200 DAVIE, FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>7320 GRIFFIN ROAD SUITE 203 DAVIE, FL 33314 FL</b>	
City <b>DAVIE, FL 33314</b>			
Zip Code <b>33314</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CREED, JERE D 8220 STATE RD. 84 #200 DAVIE, FL 33324	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GOSE, MARK 8220 STATE RD. 84 #200 DAVIE, FL 33324	<input type="checkbox"/> Delete	7320 GRIFFIN ROAD SUITE 203 DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PRINCIPE, NIEL J 8220 STATE RD. 84 #200 DAVIE, FL 33324	<input type="checkbox"/> Delete	7320 GRIFFIN ROAD SUITE 203 DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BARR, DANIEL A 8220 STATE RD. 84 #200 DAVIE, FL 33324	<input type="checkbox"/> Delete	7320 GRIFFIN ROAD SUITE 203 DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete	_____ _____ _____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete	_____ _____ _____
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:  TREAS <span style="float: right;">1/3/05</span>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date _____ Daytime Phone # _____			

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01032005 Chg-P CR2E034 (10/03)