


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2005 8:00 am
Secretary of State

05-11-2005 90130 020 ***150.00

DOCUMENT # P99000104025			
1. Entity Name BUTCHWEAR INC.			
Principal Place of Business 5360 ATLANTIC AVENUE, NO. COCOA BEACH, FL 32931		Mailing Address C/O EDWARD M LIVINGSTON 963 TRAIL TERRACE DRIVE NAPLES, FL 34103 US	
2. Principal Place of Business 467 JACKSON AVE		3. Mailing Address	
Suite, Apt. #, etc. R		Suite, Apt. #, etc.	
City & State CAPE CANAVERAL, FL		City & State	
Zip 32920	Country USA	Zip	Country
6. Name and Address of Current Registered Agent LIVINGSTON, EDWARD M 963 TRAIL TERRACE DRIVE NAPLES, FL 34103		7. Name and Address of New Registered Agent	
		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BRENDLELL, ALEX 5360 ATLANTIC AVENUE, NO. COCOA BEACH, FL 32931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BRENDLELL, ALEX 467 JACKSON AVE, APT. R CAPE CANAVERAL, FL 32920 <input checked="" 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: <u>Alex Brendlell</u>		5/4/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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05042005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3625463 Applied For Not Applicable

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