


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90194 016 ***150.00

DOCUMENT # P99000106329 1. Entity Name SINN CORPORATION					
Principal Place of Business 2861 34TH STREET SOUTH SAINT PETERSBURG, FL 33711			Mailing Address 2861 34TH STREET SOUTH SAINT PETERSBURG, FL 33711		
2. Principal Place of Business 6650 Gulf Blvd. Suite, Apt. #, etc.		3. Mailing Address 6650 Gulf Blvd. Suite, Apt. #, etc.			
City & State St. Pete Beach, FL Zip 33706		City & State St. Pete Beach, FL Zip 33706		4. FEI Number 59-3611839 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MALLER, KAREN E ESQ. ONE PROGRESS PLAZA, SUITE 1210 ST. PETERSBURG, FL 33701			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D SINN, KLAUS 3151 COQUINA KEY DRIVE S.E. ST. PETERSBURG, FL 33705	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINN, ROSWITHA 3151 COQUINA KEY DRIVE S.E. ST. PETERSBURG, FL 33705	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Roswitha Sinn 6650 Gulf Blvd. St. Pete Beach, FL 33706	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Roswitha Sinn 6650 Gulf Blvd. St. Pete Beach, FL 33706	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Roswitha Sinn 6650 Gulf Blvd. St. Pete Beach, FL 33706	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Roswitha Sinn 6650 Gulf Blvd. St. Pete Beach, FL 33706	<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: Roswitha Sinn 2-22-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					