
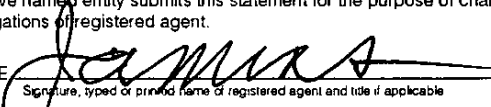
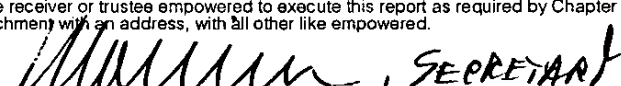


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-27-2005 90323 046 \*\*\*150.00

<b>DOCUMENT # S69463</b> 1. Entity Name <b>JOSHUA MUSS AND ASSOCIATES, INC.</b>					
Principal Place of Business <b>3516 PRINCE FOXVAUER FARM MARSHALL VA 22115</b>			Mailing Address <b>P. O. BOX 1825 MIDDLEBURG VA 20118</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0295445</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MUSS, JOSHUA A. 1661 POINSETTIA DR. FORT LAUDERDALE FL 33305</b>				Name <b>MUSE, JOSHUA A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>8290 BOB-O-LINK DRIVE WEST PALM BEACH FL Zip Code 33412</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 		<b>JOSHUA A. MUSS</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE <b>4/21/05</b>	
<b>FILE NOW!!! FEE IS \$150.00!</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</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	<b>DP</b> <b>MUSS, JOSHUA A.</b> <b>1661 POINSETTIA DR.</b> <b>FORT LAUDERDALE FL 33305</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>8290 BOB-O-LINK DRIVE</b> <b>WEST PALM BEACH, FL. 33412</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>DENNEN, MARVIN L.</b> <b>9206 GATEWATER TR.</b> <b>POTOMAC MD 20854</b>	<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	
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	
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: 			<b>SECRETARY</b> Date <b>4/21/05</b> Daytime Phone # <b>301 294 3252</b>		