
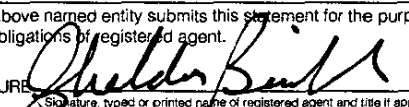
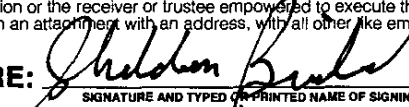


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91034 033 \*\*\*158.75

<b>DOCUMENT # S77562</b> 1. Entity Name <b>MAKEIT, INC.</b>					
Principal Place of Business <b>3501 UNIVERSITY DR. SUITE 209 CORAL SPRINGS, FL 33065 US</b>			Mailing Address <b>3501 UNIVERSITY DR. SUITE 209 CORAL SPRINGS, FL 33065 US</b>		
2. Principal Place of Business <b>PO Box 9696</b> Suite, Apt. #, etc.			3. Mailing Address <b>PO Box 9696</b> Suite, Apt. #, etc.		
City & State <b>CORAL SPRINGS, FL</b> Zip <b>33075</b>		City & State <b>CORAL SPRINGS, FL</b> Zip <b>33075</b>		4. FEI Number <b>65-0320706</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BIRNBACH, SHELDON 3501 UNIVERSITY DR. SUITE 209 CORAL SPRINGS, FL 33065</b>				7. Name and Address of New Registered Agent Name <b>SHELDON BIRNBACH</b> Street Address (P.O. Box Number is Not Acceptable) <b>7580-A LEXINGTON CLUB BLVD</b> City <b>DELRAY BEACH</b> FL Zip Code <b>33446</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>SHELDON BIRNBACH</b> DATE: <b>4/30/04</b> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P BIRNBACH, SHELDON</b> <input type="checkbox"/> Delete <b>3501 UNIVERSITY DRIVE</b> <b>CORAL SPRINGS, FL</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P BIRNBACH, SHELDON</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7580-A LEXINGTON CLUB BLVD</b> <b>DELRAY BEACH, FL 33446</b>	
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	
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>SHELDON BIRNBACH</b> Date: <b>4/30/04</b> Daytime Phone #: <b>954-934-0303</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					