


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

04-27-2005 90316 021 \*\*\*150.00

<b>DOCUMENT # V33507</b>		
1. Entity Name <b>FOLIUM, INC.</b>		

Principal Place of Business <b>10911 BONITA BEACH RD. SE 1031 BONITA SPRINGS FL 34135</b>	Mailing Address <b>10911 BONITA BEACH RD. SE 1031 BONITA SPRINGS FL 34135</b>
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2. Principal Place of Business <b>8889 Pelican Bay Blvd.</b>	3. Mailing Address <b>60 Elm Street</b>
Suite, Apt. #, etc. <b>Suite 100</b>	Suite, Apt. #, etc.

City & State <b>Naples, FL</b>	City & State <b>Canal Winchester, Ohio</b>
Zip <b>34108</b>	Zip <b>43110</b>
Country <b>Collier</b>	Country <b>Franklin</b>

4. FEI Number <b>65-0338420</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>SWETZ, WANDA 10911 BONITA BEACH RD., STE. 1031 BONITA SPRINGS FL 34135</b>		7. Name and Address of New Registered Agent Name <b>Folium c/o Huntington National Bank</b> Street Address (P.O. Box Number is Not Acceptable) <b>8889 Pelican Bay Blvd, Suite 100</b> City <b>Naples</b> FL Zip Code <b>34108</b>	
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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>Susanne Jordan, Office Manager</b>	DATE <b>4-19-05</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</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>JORDAN, FLOYD L</b> <b>10911 BONITA BEACH RD SE #1031</b> <b>BONITA SPRINGS FL 34135</b> <input checked="" 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	<b>D</b> <b>JORDAN, JEFFREY R</b> <b>10911 BONITA BEACH RD SE #1031</b> <b>BONITA SPRINGS FL 34135</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	<b>O</b> <b>Susanne Jordan</b> <b>60 Elm Street</b> <b>Canal Winchester, Ohio 43110</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

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 the empowered.

SIGNATURE: 	Date <b>4-19-05</b>	Daytime Phone # <b>614-837-1201</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		