

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S47118

FILED
Apr 29, 2005
Secretary of State

Entity Name: GRAVITAS INTERNATIONAL, INC.

Current Principal Place of Business:

50 WEST LIBERTY STREET
880
RENO, NV 89501 US

New Principal Place of Business:

Current Mailing Address:

50 WEST LIBERTY STREET
880
RENO, NV 89501 US

New Mailing Address:

FEI Number: 65-0260846 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: SHABEN, LARRY
Address: 880 - 50 WEST LIBERTY STREET
City-St-Zip: RENO, NV 89501 US

Title: D () Delete
Name: WEINSTEIN, CHEIM
Address: 880 - 50 WEST LIBERTY STREET
City-St-Zip: RENO, NV 89501

Title: D () Delete
Name: CAMPBELL, COLIN V
Address: 880 - 50 WEST LIBERTY STREET
City-St-Zip: RENO, NV 89501

Title: DP () Delete
Name: LECKY, ROBIN
Address: 880 - 50 WEST LIBERTY STREET
City-St-Zip: RENO, NV 89501

Title: D (X) Delete
Name: STREBINGER, DAVID
Address: 880 - 50 WEST LIBERTY STREET
City-St-Zip: RENO, FL 89501

Title: S () Delete
Name: MILAIRE, CATHERINE
Address: 880 - 50 WEST LIBERTY STREET
City-St-Zip: RENO, NV 89501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY SHABEN

DC

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date