2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 513089

Entity Name: 1ST STREET AGENCY, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
1300 SAWGRASS CORPORATE PARKWAY STE 300 SUNRISE, FL 333232804	

Current Mailing Address:	**New Mailing Address:**
1300 SAWGRASS CORPORATE PARKWAY STE 300 SUNRISE, FL 333232804	

FEI Number: 59-1689622   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
BULLINGTON, DOUGLAS W 1ST STREET AGENCY INC. 1300 SAWGRASS CORPORATE PARKWAY, STE. 300 SUNRISE, FL 33323 US	

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	DP ( ) Delete	Title:		( ) Change ( ) Addition
Name:	BULLINGTON, DOUGLAS W	Name:		
Address:	1300 SAWGRASS CORPORATE PARKWAY, STE. 300	Address:		
City-St-Zip:	SUNRISE, FL 333232804	City-St-Zip:		
Title:	D ( ) Delete	Title:		( ) Change ( ) Addition
Name:	BROOKS, MUSE M II	Name:		
Address:	1300 SAWGRASS CORPORATE PARKWAY, STE. 300	Address:		
City-St-Zip:	SUNRISE, FL 333232804	City-St-Zip:		
Title:	ST ( ) Delete	Title:		( ) Change ( ) Addition
Name:	GARCELL, CARIDAD	Name:		
Address:	1300 SAWGRASS CORPORATE PARKWAY, STE. 300	Address:		
City-St-Zip:	SUNRISE, FL 333232804	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: CARIDAD GARCELL   ST   04/28/2005

Electronic Signature of Signing Officer or Director   Date