2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 07, 2004 08:00 AM Secretary of State DOCUMENT # F52236 WHITLEY DEVELOPMENT GROUP, INC. Principal Place of Business Mailing Address 2000 PGA BLV.WAY ONE 2000 PGA BLV.WAY ONE **SUITE 2204 SUITE 2204** PALM BCH., GARDENS, FL 33408 PALM BCH., GARDENS, FL 33408 01072004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2137358 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WHITLEY, ROBERT B. DO NOT WRITE 2000 PGA BLVD NDING **SUITE 2204** IN THIS SPACE PALM BCH GARDENS, FL 33408 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 Signature, typed or printed harns of registered agent and fire it appricable (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be FILE NOWI! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. Added to Fees U000<u>00158180</u> 10. OFFICERS AND DIRECTORS QS/07704-80011-005 150.00 TITLE PDS WHITLEY, ROBERT B NAME STREET ADDRESS 2000 PGA BLVD. STE.2204 PALM BCH GARDENS, FL CITY-ST-ZE TITLE NAME WHITLEY, CHRISTOPHER STREET ADDRESS 200 PGA BLVD., STE, 2204 CATY-ST-ZIP PALM BEACH GARDEN, FL DILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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.

MIED NAME OF SIGNING OFFICER OR DIRECTOR

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

4-28-04 561-694-0051

FILED