


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H92395</b> 1. Entity Name TREE TOWN, INC.	
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Principal Place of Business 505 SO FLAGLER DR SUITE 1010 W PALM BCH, FL 33401 US	Mailing Address PO BOX 85 W PALM BCH, FL 33402 US
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02222005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2636217	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  JOHNSON, RICHARD S. 505 SO FLAGLER DR SUITE 1010 W PALM BCH, FL 33401
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**DO NOT WRITE  
IN THIS SPACE**

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 name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP JOHNSON, RICHARD S 751 ISLAND DRIVE PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, RICHARD S., JR. 1706 N LAKESIDE DR LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, SCOTT A 241 MOCKINGBIRD TRAIL PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SNED, PATRICIA 165 ELWA PLACE WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLAGG, CATHERINE J. 249 LA PUERTA WAY PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AUSTIN, HELENE J. 100 PLYMOUTH ROAD WEST PALM BEACH, FL

000000242171  
02/24/05-80077-1007 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_