## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 29, 2005 08:00 AM Secretary of State

	MINIOWE	KEPUKI				Apr 29, 2005_08:00 <i>A</i>
DOCU 1. Entity Nam S.F.A., IN		사 등				Secretary of State
Principal Plac	e of Business	Mailing Address	• '	* * * * * * *		
7777 GLADES RD. 7777 GLADES RD.			),			
SUITE 310  BOCA RATON, FL 33434  BOCA RATON, FL 33434						
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DO NOT WRITE IN THIS SPACE					4. FEI Numb	er Applied For
					65-010	
i					5. Certificate	of Status Desired \$8.75 Additional
	6 No - and Address of Command	Davistand Burst	<del></del>			Fee Required
	6. Name and Address of Current	registered Adelli	* a =			••
SCHMIER, ROBERT J. DO NO						NOT WRITE
7777 GLADES RD.					DU	MOI WHILE
SUITE 310 BOCA RATON, FL 33434				** *** .	IN "	THIS SPACE
BOOKING	. 6,1,1 2 35.51					
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.						
The same of the sa						
SIGNATURE Signature, typod of printed name of registered agont and title if applicable (NOTE Registered Agent signature required when reinstalling)  DATE						
		<del></del>				
FILE NOWI!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financian Trust Fund Contribution.					\$5.00 May Be U00000343992 Added to Fees 04/29/05-80119-016 158.75	
10,	OFFICERS AND	DIRECTORS		· · · · · · · · · · · · · · · · · · ·	P TO THE PARTY OF THE PARTY.	PARTICLE TYPE THERE IS IN THE TOTAL TO SERVICE A STATE OF THE TOTAL TO SERVICE AS THE TOTAL TO SERVICE
TITLE	PD					*
NAME	SCHMIER, ROBERT J.					
STREET ADDRESS	7777 GLADES RD., STE.310					
CITY-ST-ZIP	BOCA RATON, FL	<del></del>	<del></del>	i Harte Northead	ئىل بىلىدە دەرى	4_A
TITLE NAME	FEURRING, DOUGLAS R.					
STREET ADDRESS	7777 GLADES RD., STE.310			İ		
CITY -ST - ZIP	BOCA RATON, FL					
TITLE	T				~ · — · ~ _	<u>-</u>
NAME	LOPEZ, KATHRYN A.					
STREET ADDRESS CITY - ST - ZIP	7777 GLADES RD, STE 310 BOCA RATON, FL				DO	NOT WRITE
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12. I nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 ether like empowered.

SIGNATURE: \_

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR
ROBERT L. SCHIMLET, PTCS.

April 28, 2005

561-483-8400

Date

Daytime Phone #