2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L75658

Address:

City-St-Zip:

4911 NW 104TH AVE

CORAL SPRINGS, FL

Entity Name: BOB MICHAEL ASSOCIATES INC.

FILED Jan 10, 2005 Secretary of State

| y | er bob wiic | 11/122/100001/1120, 1110. | | | |
|---|---|--|---|--|--|
| Current Principal Place of Business: | | | New Principal Place of Business: | | |
| | .ES ROAD PRINGS, FL 3 | 3076 | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| | LES ROAD PRINGS, FL 3 | 3076 | | | |
| FEI Number | : 65-0204068 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| The above | 78 PLACE D, FL 33321 | US submits this statement for the p | ourpose of changing its registered | d office or registered agent, or both, | |
| SIGNATU | | | | | |
| | | nic Signature of Registered Ag | ent | Date | |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | PD (SCHELIN, RAL 7723 NW 78 P TAMARAC, FL | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | ST (MICHAEL PER 7796 MANDAR BOCA RATON, | IN DR. | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | V (BARRY SCHEI |) Delete .IN, | Title: Name: | () Change () Addition | |

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.

Address:

City-St-Zip:

SIGNATURE: RALPH SCHELIN PRES 01/10/2005