2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: Z

Jul 12, 2004 8:00 am Secretary of State **DOCUMENT # P01000043121** 07-12-2004 90016 005 ***550.00 1. Entity Name DANIEL W. MCCAWLEY, P.A. Principal Place of Business Mailing Address 1625 LAS OLAS BLVD. 1625 LAS OLAS BLVD. 44047996 FT. LAUDERDALE, FL 33301 FT. LAUDERDALE, FL 33301 07062004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1100498 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCCAWLEY, DANIEL W DO NOT WRITE 1625 LAS OLAS BLVD. FT. LAUDERDALE, FL 33301 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 8, 2004 10. OFFICERS AND DIRECTORS MCCAWLEY, DANIEL W NAME 1625 LAS OLAS BLVD. STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33301 NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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

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