


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90051 045 \*\*\*150.00

**DOCUMENT # P01000064781**

1. Entity Name  
**SINGLETON MANAGEMENT, INC.**



Principal Place of Business  
**1800 EAST ALTANIC BLVD  
 POMPANO BEACH, FL 33060**

Mailing Address  
**1800 EAST ALTANIC BLVD  
 POMPANO BEACH, FL 33060**

40017957

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

01192005 Chg-P CR2E034 (10/03)

4. FEI Number  
**65-1123881**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PILOTTE, FRANK T  
 C/O MURPHY REID PILOTTE ORD & AUSTIN  
 340 ROYAL PALM WAY, STE 100  
 PALM BEACH, FL 33480**

7. Name and Address of New Registered Agent

Name  
**Frank T. Pilotte**

Street Address (P.O. Box Number is Not Acceptable)  
**Murphy, Reid Pilotte & Ord, PA  
 340 Royal Palm Way, Ste 100**

City  
**Palm Beach FL** Zip Code  
**33480**

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:  DATE: **2/7/05**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

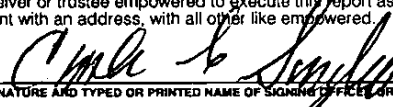
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>SINGLETON, CHARLES G 1800 EAST ALTANIC BLVD POMPANO BEACH, FL 33060</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>SINGLETON, SADIE 1800 EAST ALTANIC BLVD POMPANO BEACH, FL 33060</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: **2/3/05** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR