
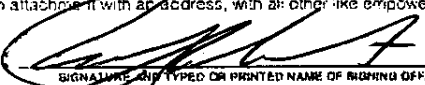


## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
04 OCT -4 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P03000056406</b> 1. Entity Name <b>FOREXTR END, INC</b>		
Principal Place of Business <b>301 CLEMATIS STREET, SUITE 3000 WEST PALM BEACH, FL 33401</b>		Mailing Address <b>301 CLEMATIS STREET, SUITE 3000 WEST PALM BEACH, FL 33401</b>
2. Principal Place of Business Sure, Apt. #, etc.		3. Mailing Address Sure, Apt. #, etc.
City & State Zip Country		City & State Zip Country
4. FEI Number <b>03-0544226</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent  <b>SCHMIDT, PAUL 301 CLEMATIS STREET, SUITE 3000 WEST PALM BEACH, FL 33401</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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 _____ <small>(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing)</small>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>Managing Director Paul Schmidt 301 Clematis Street Ste 3000 West Palm Beach FL 33401</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>200041582368 10/04/04--01078--002 ***150.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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 in 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 an other like empowered.		
SIGNATURE <b>JRE</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>9/30/04</b> <b>561-707-7994</b> <small>Date and Phone #</small>