

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

**FILED
Mar 17, 2006 8:00 am
Secretary of State**

03-17-2006 90140 013 ***150.00

DOCUMENT # #P27336
1. Entity Name
924 WEXFORD BLVD CORP

DO NOT WRITE IN THIS SPACE

50003388

2. Principal Place of Business 924 WEXFORD BLVD Suite, Apt. #, etc. 924		3. Mailing Address 5036 JERICHO TPK Suite, Apt. #, etc. 300	
City & State VENICE, FL 34293		City & State COMMACK, NEW YORK	
Zip 34293	Country US	Zip 11725	Country US

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7. Name and Address of Current Registered Agent

Name
MATTHEWS, THOMAS J

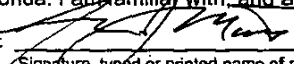
Street Address (P.O. Box Number is Not Acceptable)
924 WEXFORD BLVD

City
SARASOTA

State
FL

Zip Code
34230-6948

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  THOMAS J. MATTHEWS 3/13/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	THOMAS J. MATTHEWS J. 412 FIELDSTONE DR VENICE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE  THOMAS J. MATTHEWS 3/13/06 941-493-0441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #