2005 FOR PROFIT CORPORATION

FILED Apr 25, 2005 08:00 Al Secretary of State **ANNUAL REPORT DOCUMENT # P99000076255** 1. Entity Name LEGALFORMS.COM, INC. Principal Place of Business Mailing Address 6700 BROKEN SOUND PKWY NW 6700 BROKEN SOUND PKWY NW SUITE 200 SUITE 200 BOCA RATON, FL 33487 BOCA RATON, FL 33487 No Chg-P CR2E034 (10/03) 01052005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0951144 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CANTOR, SAMUEL J 6700 BROKEN SOUND PKWY NW IN THIS SPACE SUITE 200 BOCA RATON, FL 33487 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 1 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. TITLE CANTOR, SAMUEL J NAME 6700 BROKEN SOUND PKWY NW #200 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33487 000000330415 04/25/05-80159-008 600.00 TITLE NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

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 indicated on this report or supplemental report of the corporation or the receiver or trustee and changed, or on an attachment with

SIGNATURE: _

CITY-ST-ZIP TITLE NAME STREET ADDRESS

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