


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P04000129680</b> 1. Entity Name 10-B, INC.			<b>FILED</b> 05 MAR 02 PM 4:10 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 214 BRAZILIAN AVENUE, SUITE 200 PALM BEACH, FL 33480		Mailing Address 214 BRAZILIAN AVENUE, SUITE 200 PALM BEACH, FL 33480	
2. Principal Place of Business 996 Pelican Lane Suite, Apt. #, etc.		3. Mailing Address 996 Pelican Lane Suite, Apt. #, etc.	
City & State Gulf Stream, FL		City & State Gulf Stream, FL	
Zip 33483	Country	Zip 33483	Country
6. Name and Address of Current Registered Agent  LESLIE ROBERT EVANS & ASSOCIATES, P.A. 214 BRAZILIAN AVENUE, SUITE 200 PALM BEACH, FL 33480		7. Name and Address of New Registered Agent Name John T. Metzger, Esq. Street Address (P.O. Box Number is Not Acceptable) 250 Australian Avenue South Suite 700 City West Palm Beach FL Zip Code 33401	
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: <i>[Signature]</i> DATE: 2/15/05			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EVANS, LESLIE R 214 BRAZILIAN AVENUE, SUITE 200 PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EVANS, LESLIE ROBERT 214 BRAZILIAN AVENUE, SUITE 200 PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Delete	PD Brett D. Forman 996 Pelican Lane Gulf Stream, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	800048831148 03/22/05--01012--002 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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 info empowered.			
SIGNATURE: <i>[Signature]</i>		Date: 2/7/05	Daytime Phone #: 561 265 3876