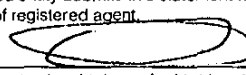
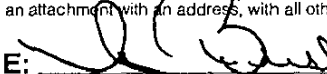


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2005 8:00 am
Secretary of State

09-02-2005 90011 004 ***558.75

DOCUMENT # 344579 1. Entity Name 2295 SOUTH OCEAN BOULEVARD CORP					
Principal Place of Business 2295 S OCEAN BLVD. PALM BEACH, FL 33480			Mailing Address 2295 S OCEAN BLVD. PALM BEACH, FL 33480		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-1278985					
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent ST. JOHN, CORE & LEMME, P.A. 1601 FORUM PLACE, SUITE 701 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name: Becker + Paliaoff P.A. Street Address (P.O. Box Number is Not Acceptable): 445 North Flagler Drive 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:  Kenneth S. Drebitz 8/30/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	T LEYDEN, BERNARD 2295 SOUTH OCEAN BLVD 821 PALM BEACH, FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, JEROME 2295 SOUTH OCEAN BOULEVARD 218 PALM BEACH, FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Briskman Ira ☐ Change ☒ Addition 2295 S. Ocean Blvd. #221 Palm Beach, FL 33480		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM MASON, MALCOLM 2295 SO OCEAN BLVD #925 PALM BEACH, FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Del Gaudin, Anne H. ☐ Change ☒ Addition 2295 S. Ocean Blvd. #424 Palm Beach, FL 33480		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHACHER, MARVIN 2295 SOUTH OCEAN BOULEVARD PALM BEACH, FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Milberg, Alvin ☐ Change ☒ Addition 2295 S. Ocean Blvd. #417 Palm Beach, FL 33480		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM SIMON, SUSANNE 2295 SOUTH OCEAN BOULEVARD 405 PALM BEACH, FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Phillips, Jerrold ☐ Change ☒ Addition 2295 S. Ocean Blvd. #301 Palm Beach, FL 33480		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM MCDONALD, BARBARA 2295 SO. OCEAN BLVD., #710 PALM BEACH, FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Fine, Joel ☐ Change ☒ Addition 2295 S. Ocean Blvd. #510 Palm Beach, FL 33480		
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:  Ira Briskman 8/24/05 561-582-3548 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					