

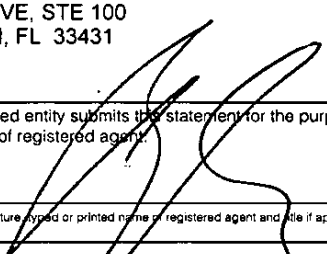
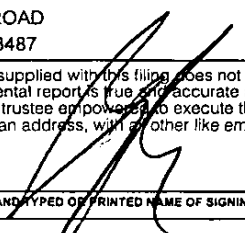


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90037 032 ****61.25

DOCUMENT # N02000001703 1. Entity Name T-REX CORPORATE CENTER ASSOCIATION, INC.					
Principal Place of Business 5000 T-REX AVE, STE 100 BOCA RATON, FL 33431			Mailing Address 5000 T-REX AVE, STE 100 BOCA RATON, FL 33431		
2. Principal Place of Business 5000 T-Rex Ave, Suite, Apt. #, etc. #100 City & State Boca Raton, FL Zip 33431		3. Mailing Address 5000 T-Rex Avenue Suite, Apt. #, etc. #100 City & State Boca Raton, FL Zip 33431		60016570 	
01092006 Chg-NP CR2E037 (11/05)				4. FEI Number 02-0594730	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BERNASEK, VIVIAN % T-REX INVESTMENT MANAGEMENT, LLC 5000 T-REX AVE, STE 100 BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name Brian Vaas Street Address (P.O. Box Number is Not Acceptable) 40 BREX Property Management 5000 T-Rex Avenue, #100 City Boca Raton FL Zip Code 33431		
8. The above named entity submits the 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  <small>Signature typed or printed name of registered agent and file if applicable.</small>		Brian Vaas, President <small>(NOTE: Registered Agent signature required when reinstating)</small>		5/2/06 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GRUNDT, BRUCE 5000 T-REX AVE, STE 100 BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Vice President malcolm Butters 6820 Lyons Technology Circle, #100 Coconut Creek, FL 33073	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STAVOLA, JOAN 5000 T-REX AVE, STE 100 BOCA RATON, FL 33431	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, President brian vaas 5000 T-Rex Avenue, #100 Boca Raton, FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLINGER, MARVIN 6001 BROKEN SND. PKWY #600 BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Treasurer David Canfield 300 SE 2nd Street Ft. Lauderdale, FL 33301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SIEGEL, DAVID 300 SE 2ND STREET FORT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Barbara Hoover 5000 T-Rex Avenue, #100 Boca Raton, FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOOD, BETTINA 943 CLINT MOORE ROAD BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEISE, MARTIN 943 CLINT MOORE ROAD BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Brian Vaas, President <small>Date</small>		5/2/06 <small>Daytime Phone #</small>	