2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 116835

FILED Aug 18, 2004 Secretary of State

Entity Nan	ne: MATHER	OF FORT LAUDERDALE,	NC.		
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
2611 N ST LAUDERH	RD 7 ILL, FL 33313	US			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
2000 NW 1 CRYSTAL	3TH ST RIVER, FL 34	428 US			
FEI Number:	59-0359395	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address of	New Registered Agent:	
2000 NW 1	NORMAN PE 3TH STREET RIVER, FL 34				
The above in the State		submits this statement for th	purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
	Electron	ic Signature of Registered A	gent	Date	
Election Can	npaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VD () JONES, MARCI. 205 WILDFLOV HUNTSVILLE, A	VER CT.	Name: JONES, MAR Address: 205 WILDFLO		
Title: Name: Address: City-St-Zip:	VD () BROWER, NOR 2105 FOSGATE WINTER PARK,	AVE	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	V () ERICKSON, SH 11901 N.W. 181 PLANTATION, F	ТН СТ.	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	BROWER, NOR 2000 NW 13TH		Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	BROWER, CAR 744 SUNCREST		Title: (Name: Address: City-St-Zip:) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN BROWER **PDST** 08/18/2004