## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 29, 2005 8:00 am Secretary of State

| Malling Address   20B MORTH D ST   20B M      | DOCUMENT # 259438  1. Entity Name NORTH LAKESIDE CORPORATION OF LAKE WORTH, INC.   |  |  |  |   |  | 03-29-2005 90012 031 ***150.00 |                           |   |  |
|---|--|--|--|--|---|--|--------------------------------|---------------------------|---|--|
| LAKE WORTH, FL 33460  2. Principal Pace of Business  Suite, Apt. 4, etc.  Siste, Apt. 4, etc.      | Principal Plac   | e of Business                              |  | Mailing Address  |   |  |                                |                           |   |  |
| LAKE WORTH, FL 33460  2. Principal Place of Business  Suite, Apt. #. ac.  Cry & Suite  Cry & S      |  |  |  |  |   |  |                                |                           |   |  |
| 2. Principal Pace of Business  3. Mailing Address 20 8 NARTH O ST  Suito, Apil. #, etc.  Suito, Apil. #, etc.  Suito, Apil. #, etc.  City & State  Country  73 y 60 USA  5. Certificate of Status Desired   Not Applicable   Not      |  |  |  | LAKE WORTH, FL 33460                                       |   |  |                                |                           |   |  |
| Sulfo, Apt. #, etc.         | LAKE WURTE   | 1, FL 3346U                                |  |  |   | # (CO)(O ((OO)) #1                             | <br>                           | I <b>ere</b> in alen enen |   |  |
| Sulfo, Apt. #, etc.         | 2. Principal P   | Place of Busines                           | SS   | 3. Mailing Address   |   |  |                                |                           |   |  |
| City & State    City & State   City & City & City & State   City & State   City & State   City & City & City & State   City & City & City & State   City & C      |  |  |  |  | OST   | 3 (88)(8 (188) (5)                             | 110 IDIN 81200 NIBI I          | i Bibli Bibli Bibli       | MLBIL UJUIJ URUI                        | 129     182                                  |
| City & State    Country   273   Yea         | Suite, Apt. #, etc.  |  |  |  | 03072005  | Cha-P  | CR2E03                         | 4 (10/03)                 |   |  |
| Zip Country Zip 33 Ho Country Zip 24 Ho Zip 20      | City & State   |  | City & Chain   |  | 4 FELANORIA   |  | <del></del>                    | <u> </u>                  | -111                                    |  |
| Zip Country 27,33460 CUSA S. Certificate of Status Desired   \$8,75 Additional Fee Required   \$1,000   | Oity a olat  |  |  | LAKE WORTH   | Hora  | 4  | LICABLE                        |                           | <b>  -</b>                              |  |
| Settlement   Set        | Zip  | V  | Country  |  |   | 5. Certificate of                              | Status Desired                 |                           | 8.75 Add                                | litional                                     |
| Name    Name   Street Address (P.O. Box Number is Not Acceptable)   |  | re Name a                                  | ad Address of Cumous f   |  | USA   |  |                                |                           |   | d  |
| Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code  |  | o. Name a                                  | no Address of Current F  | registered Agent   | Name  | 7. Name and A                                  | ddress of New F                | legistered A              | gent                                    |  |
| City FL Zip Code  9. The above named exitity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of legislaterid agent.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  FILE NOWIII FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INE  BARACKMAN, KEN  SITEST MORESS  CITY-51-2P  LAKE WORTH, FL 33460  CITY-51-2P  GRAYLING, MI 49738  CITY-51-2P  Delde  INLE  MAKE  SITEST ADDRESS  CITY-51-2P  GRAYLING, MI 49738  CITY-51-2P  INLE  MAKE  SITEST ADDRESS  CITY-51-2P  THE  MAKE  SITEST | MCCORM   | ICK SMITH,                                 | PATRICIA   |  |   | •  |                                |                           |   |  |
| City FL Zip Code  City FL Zip       | 208 NORTH O STREET   |  |  |  |   | ress (P.O. Box Number i                        | s Not Acceptabl                | 8)                        |   |  |
| B. The above named-eqlity 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.    Comparison of the obligations of registered agent.   Comparison of the obligations of registered agent.   Comparison of the obligations of registered agent.   Comparison of the obligations of registered agent.   Comparison of the obligations of registered agent.   Comparison of the obligations of registered agent.   Comparison of the obligations of registered agent.   Comparison of the obligations of registered agent.   Comparison of the obligations of registered agent.   Comparison of the obligations of registered agent.   Comparison of the obligations of registered agent.   Comparison of the obligations of registered agent.   Comparison of the obligations of registered agent.   Comparison of the obligations of registered agent.   Comparison of the obligations of registered agent.   Comparison of the obligations of the obligations of the obligation of the obligations of the obligations of the obligation of       | LAKE WO  | RTH, FL 33                                 | 3460   | ,  |   |  |                                |                           | *************************************** |  |
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| the obligations of registered agent.    Comparison of the properties of the stagolacide.   Charles   Charl      |  | <u></u> .                                  |  |  | '   |  |                                |                           | · ·                                     | •  |
| SIGNATURE    Overline   Note   September        | 8. The above   | named entity s                             | submits this statement for   | the purpose of changing its re                             | egistered office or re  | gistered agent, or both,                       | in the State of Fl             | orida. I am fa            | miliar with,                            | and accept                                   |
| FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$55.0.00  Trust Fund Contribution.  |  | ionscriptor                                |  |  |   |  |                                |                           |   | Ì  |
| FILE NOWILI FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.  |  | race                                       | Philip the   |  |   |  |                                |                           |   | •  |
| After May 1, 2005 Fee will be \$550.00  Tos Fund Contribution.   S5.00 May Be Added to Fees  10. OFFICERS AND DIRECTORS   |  |  |  | nd title if applicable (MOTE: I                            | Docietored Asset elegature a  | and dead allega salantations.                  |                                |                           |   | 73   |
| After May 1, 2005 Fee will be \$550.00  Trust Fund Control  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  BARACKMAN, KEN  113 NORTH LAKESIDE DR APT  LAKE WORTH, FL 33460  CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  GRAYLING, MI 49738  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAGE  MAME  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  MAGE  MAME       | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  | dignature, typed or                        | .25.4  | <u></u>  | Registered Agent signature n  | equired when reinstating)                      |                                | DATE                      | 23 17                                   |  |
| TITLE BARACKMAN, KEN BARACKMAN, KEN STREET ADDRESS       |  |  | 22.4   | 3.1  |   | 1,115  |                                | DATE                      | 23 M                                    |  |
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| STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33460  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE OGRAYLING, MI 49738  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET AD      | FIL<br>After M   | E NOWIII F                                 | EE IS \$150.00<br>Fee will be \$550.0  | 9. Election Campaig Trust Fund Contrit                     | n Financing   | \$5.00 May Be<br>Added to Fees                 |                                |                           |   | S IN 11                                      |
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c. Thereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.0/(3)(i), Horida 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: Tax H. Que / PATRICIA HCCORNICK SMITH 3/18/05 3