2004 FOR PROFIT CORPORATION

SIGNATURE:

SIGNAT

Apr 16, 2004 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #361768** 04-16-2004 90142 001 ***150.00 1. Entity Name 04-16-2004 90142 003 ****17.50 PEACOCK & LEWIS ARCHITECTS & PLANNERS, INC. Principal Place of Business Mailing Address 11760 U.S. HIGHWAY ONE 11760 U.S. HIGHWAY ONE 66412076 SUITE 102 **SUITE 102** NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 33408 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03202004 CR2E034 (10/03) Chg-P Applied For City & State 4 FEI Number City & State 59-1290903 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KNEEN, JEFFERY D Street Address (P.O. Box Number is Not Acceptable) 1400 CENTREPARK BLVD, STE 1000 WEST PALM BEACH, FL 33401 Zip Code 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PTD TITLE Delete TITLE Change Addition VΡ NAME NEFF, PAUL E NAME BERGMAN, DONALD L. 11760 U.S. HIGHWAY ONE, SUITE 102 11760 U.S. HIGHWAY ONE, SUITE 102 STREET ADDRESS STREET ADDRESS NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 33408 CITY-ST-ZIP CITY-ST-ZIP VPSD TITLE Delete TITLE Change Addition STONE, J. CRAIG IDLE, BRIAN D NAME NAME 11760 U.S. HIGHWAY ONE, SUITE 102 11760 U.S. HIGHWAY ONE, SUITE 102 STREET ADDRESS STREET ADDRESS NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 33408 CITY-ST-ZIP CITY-ST-ZIP VΡ ☐ Delete TITLE TITLE Change ☐ Addition BARDIN, SUSAN S NAME NAME STREET ADDRESS 11760 U.S. HIGHWAY ONE, SUITE 102 STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH, FL 33408 CITY-ST-ZIP TITLE AS ☐ Delete TITLE □ Change ☐ Addition KELLY, BRENDA L NAME NAME 11760 U.S. HIGHWAY ONE, SUITE 102 STREET ADDRESS STREET ADDRESS NORTH PALM BEACH, FL 33408 CITY-ST-ZIP CITY-ST-ZIP VΡ ☐ Change [Addition Delete TITLE TITLE MILLER, MITCHELL E NAME NAME 11760 U.S. HIGHWAY ONE, SUITE 102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH, FL 33408 CITY-ST-ZIP ☐ Delete Change ■ Addition BRAIDO, ROBERT NAME NAME STREET ADDRESS 11760 U.S. HIGHWAY ONE, SUITE 102 STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH, FL 33408 CITY-ST-ZIP 12. Thereby 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 troster and were 10 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.

President

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #