

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 551025

FILED
Apr 21, 2005
Secretary of State

Entity Name: CHARLES W. CAIRNES JR. P.A. CERTIFIED PUBLIC ACCOUNTANT

Current Principal Place of Business:

1973 PGA BLVD, SUITE C
PALM BEACH GARDENS, FL 33408

New Principal Place of Business:

Current Mailing Address:

1973 PGA BLVD, SUITE C
PALM BEACH GARDENS, FL 33408

New Mailing Address:

FEI Number: 59-1778615

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAIRNES, CHARLES W JR C PA
1973 PGA BLVD., STE. C
PALM BEACH GARDENS, FL 33408 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CAIRNES, CHARLES W., JR
Address: 1039 SIENA OAKS CIR W
City-St-Zip: PALM BCH GARDENS, FL 33410

Title: VPD () Delete
Name: COOPERSMITH, BARRY L
Address: 11559 WINCHESTER DR
City-St-Zip: PALM BCH GDNS, FL 33410

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BARRY L COOPERSMITH

VPD

04/21/2005

Electronic Signature of Signing Officer or Director

Date