2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE!

May 02, 2005 08:00 AM Secretary of State **DOCUMENT # 603357** 1. Entity Name NELSON & FELDMAN, P.A. Principal Place of Business Mailing Address 1111 KANE CONCAUSE 1111 KANE CONCAUSE STF 200 STE 200 BAY HARBOUR ISLAND, FL 33154 BAY HARBOUR ISLAND, FL 33154 04242005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1373378 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FELDMAN, MICHAEL K DO NOT WRITE 1111 LANÉ CONCOURSE STE 200 BAY HARBOUR ISLAND, FL 33154 IN THIS SPACE 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) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME FELDMAN, MICHAEL K STREET ADDRESS 9332 BAY DRIVE 1100000356859 CITY-ST-ZIP SURFSIDE, FL <u> 195/194/195-80048-021 150.00</u> NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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 ampowered 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.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED