2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # 615694 CHARLES PUTMAN & ASSOCIATES, INC. Mailing Address Principal Place of Business 4722 NW 2ND AVE STE C-106 4722 NW 2ND AVE STE C-106 BOCA RATON, FL 33431 US BOCA RATON, FL 33431 US 07072004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1926283 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PUTMAN, CHARLES DO NOT WRITE 2830 NW 29TH DR BOCA RATON, FL 33434 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 it applicable. (NOTE Registered Agent signature required when reinstating) DATE FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 OFFICERS AND DIRECTORS 10. HILE PUTMAN, CAROLE R NAME 00.000165556 07/12/04-80018-015 150.00 STREET ADDRESS 2830 N.W. 29TH DRIVE CHY-ST-ZIP BOCA RATON, FL PTO TITLE PUTMAN, CHARLES **SMAN** STREET ADDRESS 2830 N.W. 29TH DRIVE CITY-ST-ZIP BOCA RATON, FL TITLE NAME STREET ADDRESS DO NOT WRITE C(TY-ST-2)P IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP REF

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 type and acceptate 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 wither address, with all other tips empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES PUTMAN JULY 8, 2004 (561)994-64.

FILED

Jul 12, 2004 08:00 AM - -