2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2005 8:00 am Secretary of State

04-11-2005 90137 038 ***150 00

1. Entity Name MACKENZIE-CHILDS OF FLORIDA LTD., INC.						04-11-2003 90137 038 *** 130.00				
Principal Place of Business 330 CHA 330 CHA PALM BEACH, FL 33480			Mailing Address 3260 STATE RTE 90 AURORA, NY 13026			4 - 1 E - 4				
2. Principal Place of Business 330 LOOCHH AVE. Suite. Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.							
					03292005	Chg-P	CR2E0	34 (10/03)		
City & State		City & State			4. FEI Number 02-0625	970			oplied For ot Applicable	
Zip Country		Zip Country		try	5. Certificate o	f Status Desired		\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent					Name	7. Name and A	ddress of New R	egistered /	\gent	
C T CORPORATION SYSTEM							is Not Acceptable	<u> </u>		
1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				- Caroli Address ('			
					City			FL	Zip Cod	Ð
The above named entity submits this statement for the purpose of changing its registered						ed agent, or both	, in the State of Flo		amiliar with,	and accept
the obligat	lons of regist	tered agent.	•							
SIGNATURE_	Signature, typed	d or printed name of registered agent of	and title if applicable. (NOT	E: Registere	d Agent signature required	when reinstating)		DATE		
				-						
	E NOWALL	FFF 10 \$450.00	9. Election Campa	ion Finar	ncing \$5.					
FILI After Ma	ay 1, 200	FEE IS \$150.00 5 Fee will be \$550.0	9. Election Campa Trust Fund Con	•		00 May Be ed to Fees		·		***
After Ma	ay 1, 200		DIRECTORS	tribution.	☐ Add	00 May Be ed to Fees	HANGES TO OFFI			
After Ma	PCS	5 Fee will be \$550.0 OFFICERS AND	Trust Fund Con	tribution.	Add	00 May Be ed to Fees	CHANGES TO OFFI		DIRECTOR:	S IN 11
After Ma	PCS ROWLAN	5 Fee will be \$550.0	DIRECTORS Delete	tribution. 11. TITLI	Add	00 May Be ed to Fees	HANGES TO OFFI			
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12. I hereby 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 trustee officeword 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 appears with all other like empowered.

SIGNATURE

AND TYPED GAPPINITED NAME OF SIGNING OFFICER OR DIRECTOR

3|29|05 315-364-7123