## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F10603

FILED Apr 29, 2005 Secretary of State

Entity Name: RICHARDS, MCLAUGHLIN & COMPANY, INC.

Current Principal Place of Business:				New Principal	New Principal Place of Business:		
4440 PGA SUITE 502	BLVD., STE 5	02		631 U.S. HWY. SUITE 409	1		
	ACH GARDEN	S, FL 33410	US		BEACH, FL 33408	US	
Current N	Mailing Addres	ss:		New Mailing A	ddress:		
	BLVD., STE 5	02		631 U.S. HWY.	1		
SUITE 502 PALM BEA	2 ACH GARDEN	S, FL 33410	US	SUITE 409 NORTH PALM I	BEACH, FL 33408	US	
FEI Number	: 59-2049482	FEI Number A	applied For ( )	FEI Number Not Applicable	c ( ) Certificate of	Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Add	Name and Address of New Registered Agent:		
SUITE 250	CKELL AVE.						
	e named entity e of Florida.	submits this st	atement for the p	ourpose of changing its req	gistered office or regist	tered agent, or both,	
n the Stat	e of Florida.	submits this st	atement for the p	ourpose of changing its req	gistered office or regist	tered agent, or both,	
n the Stat	e of Florida. RE:		atement for the p		gistered office or regist Date		
n the Stat SIGNATU	e of Florida. RE:	nic Signature o	f Registered Age				
n the Stat SIGNATU Election Ca	e of Florida.  RE: Electror	nic Signature o g Trust Fund Co	f Registered Age	ent		3	
n the Stat BIGNATU Election Ca DFFICER Fitle: Name: Address:	e of Florida.  RE: Electror  mpaign Financin  S AND DIREC  SD (  RICHARDS, KA  5 ALSTON ROA	nic Signature o g Trust Fund Co CTORS: ) Delete AREN M	f Registered Age	ent	Date	RS AND DIRECTO	
n the Stat SIGNATU Election Ca	e of Florida.  RE:  Electror  mpaign Financin  S AND DIREC  SD ( RICHARDS, KA 5 ALSTON RO/ PALM BEACH ( PD (X RICHARDS, JC 5 ALSTON RO/	nic Signature o g Trust Fund Co ETORS: ) Delete AREN M AD GARDENS, FL 33	f Registered Age ntribution ( ). 3418	ADDITIONS/CF Title: Name: Address:	Date	RS AND DIRECTOI	

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: KAREN M. RICHARDS TREA 04/29/2005