2005 FOR PROFIT CORPORATION ANNUAL REPORT

James McCartney Wearn, P.A.

DOCUMENT # F41952 04-18-2005 90340 032 ***158.75 JAMES MCCARTNEY WEARN, P.A. Principal Place of Business Mailing Address 50038419 C/O JAMES MCCARTNEY WEARN C/O JAMES MCCARTNEY WEARN 2023 NORTH FLAGLER DR. 2023 NORTH FLAGLER DR. WEST PALM BEACH, FL 33407 WEST PALM BEACH, FL 33407 2. Principal Place of Business 3. Mailing Address 1610 Southern Boulevard 1610 Southern Boulevard Suite, Apt. #, etc. Suite, Apt. #, etc. 04132005 CR2E034 (10/03) Applied For City & State 4. FEI Number City & State West Palm Beach, Florida West Palm Beach, Florida 59-2118030 Not Applicable Country Zip Country \$8.75 Additional-5. Certificate of Status Desired 33406 USA 33406 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent James McCartney Wearn WEARN, JAMES MCCARTNEY Street Address (P.O. Box Number is Not Acceptable) 2023 NORTH FLAGLER DR. WEST PALM BEACH, FL 33407 1610 Southern Boulevard West Palm Beach 33406 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 4/13/2005 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00% Trust Fund Contribution. \Box After May 1, 2005 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PST Change Addition TITLE TITLE Delete WEARN, JAMES MCCARTNEY NAME Wearn, James McCartney NAME STREET ADDRESS 2023 NORTH FLAGLER DR. STREET ADDRESS 1610 Southern Boulevard W PALM BCH., FL 00000, CHY-SI-7IP CITY-ST-ZIP West Palm Beach, Florida 33406 ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change __ Addition 11TLE -☐ Delete _IITLE_. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Channe TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIE City-St-7IP 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 it 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 with an address with all other like empowered. **SIGNATURE**

FILED

Apr 18, 2005 8:00 am Secretary of State