## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F48057

FILED Apr 19, 2005 Secretary of State

| Entity Nar  | ne: GALEN N   | EFF & ASSOCIATES, INC.           |   |  |  |
|---|---|----------------------------------|---|--|--|
| Current P   | rincipal Place  | of Business:                     | New Principal Place                         | New Principal Place of Business:             |  |
| 817 ALHAN<br>P.O. BOX<br>CORAL GA   |   | 114                              |   |  |  |
| Current M   | ailing Addres   | s:                               | New Mailing Address                         | New Mailing Address:                         |  |
| 817 ALHAN<br>P.O. BOX<br>CORAL GA   |   | 114                              |   |  |  |
| FEI Number:   | 59-2131102  | FEI Number Applied For ( )       | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: |   |                                  |   |  |  |
| NEFF, GULEN<br>817 ALHAMBRA CIRCLE<br>MIAMI, FL 33134 US                                |   |                                  |   | 817 ALHAMBRA CIRCLE                          |  |
|   | named entity s<br>of Florida.                         | submits this statement for the p | ourpose of changing its registered          | d office or registered agent, or both,       |  |
| SIGNATURE: GALEN NEFF   |   |                                  |   | 04/19/2005                                   |  |
|   | Electron  | ic Signature of Registered Ag    | ent   | Date   |  |
| Election Car  | npaign Financing                                      | Trust Fund Contribution ( ).     |   |  |  |
| OFFICERS AND DIRECTORS:   |   |                                  | ADDITIONS/CHANGE                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | P ()<br>NEFF, GALEN,<br>817 ALHAMBRA<br>CORAL GABLE   |                                  | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | VP ()<br>NEFF, CHRISTO<br>817 ALHAMBRA<br>CORAL GABLE | CIR                              | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |

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: CHRISTOPHER NEFF VΡ 04/19/2005