


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90032 002 ***150.00

DOCUMENT # F94000002553		
1. Entity Name SPENCER, WHITE & PRENTIS FOUNDATION CORPORATION		

Principal Place of Business 1280N. CONGRESS AVENUE #108 WEST PALM BEACH, FL 33409 US	Mailing Address 1280N. CONGRESS AVENUE #108 WEST PALM BEACH, FL 33409 US
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94058199



2. Principal Place of Business Suite, Apt. #, etc. <i>Suite 206</i> City & State		3. Mailing Address Suite, Apt. #, etc. <i>Suite 206</i> City & State	
Zip	Country	Zip	Country

04072004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent LARUE, BRIAN M 149 AUSTRALIAN AVE <i>5812 Whirlaway Rd.</i> PALM BEACH, FL 33480 <i>Palm Beach Gardens, FL</i>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! (FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00)	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCDT LARUE, BRIAN M 149 AUSTRALIAN AVE PALM BEACH, FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>5812 Whirlaway Rd.</i> <i>Palm Beach Gardens, FL</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LA RUE, B. KEITH 1 MINDYS WAY LAFAYETTE, NJ 07848 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>160 State Route 94</i> <i>Lafayette, NJ 07848</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLOYD, DREW 6 COLLETTI LANE SWANSEA, MA 02777 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: *[Signature]* **4/6/04** **561-659-0615**
Date Daytime Phone #