2005 FOR PROFIT CORPORATION ANNUAL REPORT

May 02, 2005 08:00 AM Secretary of State DOCUMENT # F94000003542 SELECT SITES OF ATTLEBOROUGH, INC. Principal Place of Business Mailing Address 3109 GRAND AVE 3109 GRAND AVE #326 COCONUT GROVE, FL 33133 COCONUT GROVE, FL 33133 04282005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0282115 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LENARD, HOWARD DO NOT WRITE 3109 GRAND AVE, #326 COCONUT GROVE, FL 33133 IN THIS SPACE 9. 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. (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME LENARD, HOWARD B STREET ADDRESS 3109 GRAND AVE #326 CITY-ST-ZIP COCONUT GROVE, FL 33133 TITLE NAME DIXON, ROBERT 3109 GRAND AVE #326 STREET ADDRESS U00000357238 05/04/05-80065-023 150.00 CITY-ST-ZIP COCONUT GROVE, FL 33133 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 their 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 angless, with all other like empowered.

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEN OR DIRECTO

President

4/28/05

FILED