JAN-28-2005-FRI 04:21 PM FIRST PERFORMANCE CO FAX No. 954

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Secretary of State
02-02-2005 90062 032 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F96000003666

1. Entity Name
FIRST PERFORMANCE CORP.

50009850

Principal Place of Business	Mailing Address
4901 NW 17TH WAY STE. 200 FT LAUDERDALE, FL 33309	4901 NW 17TH WAY STE. 200 FT LAUDERDALE, FL 33309

01252005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4901 NW 17way	4901 NW 17 way
Suite, Apt. #, etc. 201	Suite, Apt. #, etc. 201
City & State: Fort Lauderdale, FL	City & State: Fort Lauderdale, FL
Zip: 33309 Country: USA	Zip: 33309 Country: USA

4. FEI Number: 76-0508437 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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. N/A

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P O'SHEA, JOSEPH 574 EVERDELL AVENUE WEST ISLIP, NY 11795	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BLOCH, RANDI 11877 NW 55 STREET CORAL SPRINGS, FL 33076	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Bertman, Christopher 32 maple Ave Kings Park, NY 11754	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KANE, MAX 32 COW LANE GREAT NECK, NY 11024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O MICHAEL, JOHN 111 STILLWATER AVENUE MASSAPAQUA, NY 11758	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O KONTONGINNIS, LISA 12 WOODFIELD LANE OLD BROOKVILLE, NY 11545	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O Pollatos, Lisa 12 woodfield Lane OLD Brookville NY 11545	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	O BERTMAN, CHRIS 32 MAPLE AVENUE KING PARK, NY 11754	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Christopher Bertman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher Bertman 1-28-05 800-777-8535 Ext 25151
Date Daytime Phone #