2005 FOR PROFIT CORPORATION ANNUAL-REPORT

Feb 18, 2005 08:00 AM Secretary of State DOCUMENT # G88723 1. Entity Name D.W. PICKWICK ENTERPRISES, INC. Principal Place of Business ___ Mailing Address 301 SW 1ST AVE. 301 S.W. 1ST AVENUE BOCA RATON, FL 33432 US BOCA RATON, FL 33432 01132005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2635749 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PICKWICK, DAVID DO NOT WRITE 301 SW 1ST AVE BOCA RATON, FL 33432 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE PICKWICK, DAVID NAME STREET ADDRESS 301 SW 1ST AVE BOCA RATON, FL 33432 CITY-ST-ZIP ~ 0000000234592 02/19705-80028-004 150.00 TITLE PICKWICK, STEVEN NAME STREET ADDRESS #6 575 SW 4 CT BOCA RATON, FL 33432 CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 chapted or on a statement with an address, with all bliner like empowered.

CIGNIATURE.

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/05 561-302-5336

FILED