


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H17976</b> 1. Entity Name BORU, INC.	
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Principal Place of Business 1111 N. CONGRESS AVENUE W. PALM BEACH, FL 33409	Mailing Address 1111 N. CONGRESS AVENUE W. PALM BEACH, FL 33409
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01052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1318711	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

LAUGHLIN, ARTHUR J.  
PALM BEACH KENNEL CLUB  
1111 NO. CONGRESS AVENUE  
W PALM BEACH, FL

**DO NOT WRITE  
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)

DATE

**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**

1100000135350

01/26/05 80025-002 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROONEY, TIMOTHY J. 160 WELL RD PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROONEY, PATRICK J. 1111 NORTH CONGRESS AVENUE WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROONEY, JOHN J. 2929 MARYS WAY WEST PALM BEACH, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROONEY, DANIEL M. 940 NORTH LINCOLN PITTSBURGH, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROONEY, ARTHUR J., JR. 1190 WASHINGTON RD PITTSBURGH, PA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/05 (561) 683-2222

Date

Daytime Phone #