


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90330 012 ***150.00

DOCUMENT # H24631 1. Entity Name PARK LANE PROPERTIES, INC.	
---	---

Principal Place of Business % WILLIAM P. SKLAR 777 S. FLAGLER DR., SUITE 202 WEST PALM BEACH, FL 33401	Mailing Address % WILLIAM P. SKLAR 777 S. FLAGLER DR., SUITE 202 WEST PALM BEACH, FL 33401
---	---

14001039

2. Principal Place of Business <i>7238 Montrose Drive</i>	3. Mailing Address <i>7238 Montrose Drive</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Boca Raton, FL</i>	City & State <i>Boca Raton FL</i>
Zip <i>33433</i>	Zip <i>33433</i>
Country <i>USA</i>	Country <i>USA</i>

04222005 Chg-P CR2E034 (10/03)

4. FEI Number 59-2456188	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent SKLAR, WILLIAM P. 777 S. FLAGLER DR., SUITE 202 STE 901 WEST TOWER WEST PALM BEACH, FL, FL 33401	7. Name and Address of New Registered Agent Name <i>William P. Sklar</i> Street Address (P.O. Box Number is Not Acceptable) <i>7238 Montrose Drive</i> City <i>Boca Raton</i> FL Zip Code <i>33433</i>
--	---

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 <i>William P. Sklar</i>	<i>William P. Sklar</i>	DATE <i>4-25-05</i>

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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	DP HODGES, LORI 1533 SUNSET DRIVE #220 CORAL GABLES, FL <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
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: <i>Lori Hodges</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <i>April 23, 2005</i> Daytime Phone # <i>305-666-8950</i>