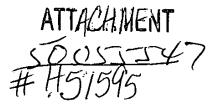
2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

DOCUMENT # H51595 06-14-2005 90001 023 ***150.00 07-18-2005 90041 031 *****8.75 PAUL DAVIS SYSTEMS, INC. OF BROWARD COUNTY Principal Place of Business Mailing Address 7000000 1775 BLOUNT RD 1775 BLOUNT RD **STE 408 STE 408** POMPANO BEACH, FL 33069 POMPANO BEACH, FL. 33069 2. Principal Place of Business 3. Mailing Address 1775 Blown RD Suite, Apt. #, etc. Suite, Apt. #, etc. 06032005 CR2E034 (10/03) 411 Applied For 4. FEI Number City & State City & State 59-2496640 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33069 Fee Required MARCO 7. Name and Address of New Registered Agent 6. Name and Address of Current R egistered Agent Street Address (P.O. Box Namber is Not Acceptable) NIESSEN, LAURIE A. 1775 BLOUNT RD 1775 Blanter **SUITE 411** POMPANO BEACH, FL 33069 408 City 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. Busines Manag SIGNATURE \$5.00 May Bo FILE NOW!!! FEE 18 \$150.00 Election Compaign Financing In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Due by September 7, 2005 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. PONT TTTE ☐ Channe ☐ Addition ☐ Delete TITLE NIESSEN, WILLIAM C NAME NUM STREET ADDRESS 317 WALNUT ST. STREET ADDRESS HOLLYWOOD, FL CATY-ST-ZIP CITY-ST-ZIP TITLE Change Addition Oelete MLE. NIESSEN, CHARLES NAME NAME STREET ADDRESS 9763 MAJORCA PL STREET ADDRESS CITY. ST. 7IP CITY-ST-ZIF BOCA RATON, FL 33434 ☐ Change Addition ☐ Delete TIELE nn e NIESSEN, LORRIE A A NAME NAME STREET ADDRESS 1775 BLOUNT RD SUITE 411 STREET ADDRESS CITY-SI-ZIP Q1Y-ST-ZIP POMPANO BEACH, FL 33069 ☐ Change ☐ Addition ☐ Delete TITLE MANA NAME STREET ADURESS STREET ADDRESS CITY-57-7P CITY-ST-ZIP ☐ Delete TITLE Change Addition MLE NAME MAG STREET ADDRESS STREET ADDRESS CTTY-57-ZEP CITY-ST-78 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-707 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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under each; 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. 954 9799078

FILED Jul 18, 2005 8:00 am

Secretary of State





July 11, 2005

Florida Department of State

Division of Corporations

PO Box 6327

Tallahassee Florida 32314

Dear Annual Report Manager,

Please be advised that I am returning the annual report information with the required additional certificate fee. Please be advised that I did not receive a notice until after June 11, 2005.

Thank you for your assistance.