
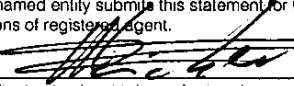



**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90354 028 \*\*\*158.75

<b>DOCUMENT # J45166</b>			
1. Entity Name H. MAX FRICKER & ASSOCIATES, INC.			
Principal Place of Business 11300 US HIGHWAY ONE SUITE 203 NORTH PALM BEACH, FL 33408-3208 US		Mailing Address 11300 US HIGHWAY ONE SUITE 203 NORTH PALM BEACH, FL 33408-3208 US	
2. Principal Place of Business 2401 PGA Blvd. Suite, Apt. #, etc. 148		3. Mailing Address 2401 PGA Blvd. Suite, Apt. #, etc. 148	
City & State Palm Beach Gardens, FL		City & State Palm Beach Gardens, FL	
Zip 33410		Country USA	
4. FEI Number 59-2744360		Applied For Not Applicable	
5. Certificate of Status Desired <b>XX</b>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent FRICKER, H. MAX 11300 U.S. HIGHWAY ONE, SUITE 203 STE 203 NORTH PALM BEACH, FL 33408		7. Name and Address of New Registered Agent Name H. Max Fricker Street Address (P.O. Box Number is Not Acceptable) 2401 PGA Blvd., Suite 148 City Palm Beach Gardens FL Zip Code 33410	
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 		H. Max Fricker	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PD FRICKER, H. MAX 11300 U.S. HIGHWAY ONE, SUITE 203 NORTH PALM BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD H. Max Fricker 2401 PGA Blvd., Suite 148 Palm Beach Gardens, FL 33410 <input checked="" 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: 		H. Max Fricker	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		3-15-05	
		561-625-1005	
		Daytime Phone #	

50040923



03032005 Chg-P CR2E034 (10/03)