2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State 07-05-2005 90112 047 ***150.00 DOCUMENT # K32818 BECKER PUBLIC RELATIONS, INC. Mailing Address Principal Place of Business 50054404 75 VALENCIA AVE. STE 600 75 VALENCIA AVE. STE 600 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 US 01052005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0076905 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required_ 6. Name and Address of Current Registered Agent RASSNER, WAYNE H. DO NOT WRITE 7000 SW 62ND AVE SUITE 500 IN THIS SPACE S. MIAMI, FL 33143 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 little if applicable. (NQTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. PDS TITLE NAME BECKER, JEANNE A. 624 ALCAZAR AVE STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 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

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:

STREET ADDRESS CITY_ST-ZIP.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jul 05, 2005 8:00 am

June 29, 2005

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Re: K32818

Gentlemen:

Due to an oversight, we did not pay the annual filing. Our bookkeeper had no record of your earlier postcard.

Enclosed is the fee for \$150.00. Would it be possible to waive the late fee on this? We greatly apologize for this inconvenience.

Thank you.

Jeanne A. Becker

President

