2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K42947

FILED Jan 12, 2005 Secretary of State

Entity Name: NELSON & SELWITZ ASSOCIATION MANAGEMENT, INC.

Current Principal Place of Business: New Principal Place of Business: 1166 PELICAN BAY DR DAYTONA BEACH, FL 32119 LIS **Current Mailing Address: New Mailing Address:** 1166 PELICAN BAY DR. DAYTONA BEACH, FL 32119 US FEI Number: 59-2907426 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NELSON -BARKIN, MICHELLE BARKIN, MICHELE J 1166 PELICAN BAY DR 1166 PELICAN BAY DR DAYTONA BEACH, FL 32119 DAYTONA BEACH, FL 32119 US US 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. SIGNATURE: MICHELE J. BARKIN 01/12/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition BARKIN, MICHELE J Name: Name: 1166 PELICAN BAY DRIVE Address: Address: City-St-Zip: DAYTONA BEACH, FL 32119 City-St-Zip: Title: DSTV () Delete Title: () Change () Addition BARKIN, MARSHALL H Name: Name: 1166 PELICAN BAY DR Address: Address: DAYTONA BEACH, FL 32119 City-St-Zip: City-St-Zip: Title: Title: VD () Delete VD. (X) Change () Addition POLLACK, JENNIFER Name: POLLAK, JENNIFER Name: 13380 AVENSONG CROSSING 4900 BRABANT WAY Address: Address: City-St-Zip: ALPHARETTA, GA 32119 City-St-Zip: ELK GROVE, CA 95758

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELE J. BARKIN DP 01/12/2005