

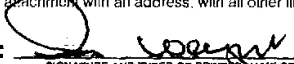


Feb 19  
Sec

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|  |                            |   |
|--|----------------------------|---|
| <b>DOCUMENT # K79872</b>   |                            |    |
| 1. Entity Name<br>IRIS WEIGERT, P.A.   |                            |   |
| Principal Place of Business<br>10113 OAK BARK LANE<br>PALM BEACH GARDENS, FL 33410 US  |                            | Mailing Address<br>10113 OAK BARK LANE<br>PALM BEACH GARDENS, FL 33410 US   |
| <b>DO NOT WRITE IN THIS SPACE</b>  |                            |   |
|  |                            |   |
|  |                            | 02162005 No Chg-P CR2E034 (10/03)   |
| 4. FEI Number<br>65-0116526  |                            | Applied For<br>Not Applicable   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                            | \$8.75 Additional Fee Required  |
| 6. Name and Address of Current Registered Agent  |                            |   |
| WEIGERT, IRIS<br>10113 OAK BARK LANE<br>PALM BCH GARDENS, FL 33410   |                            | <b>DO NOT WRITE<br/>IN THIS SPACE</b>   |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-issuing)</small>  |                            |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>  |                            | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
| <b>10. OFFICERS AND DIRECTORS</b>  |                            | <b>DO NOT WRITE<br/>IN THIS SPACE</b>   |
| TITLE  | PSD                        |   |
| NAME   | WEIGERT, IRIS              |   |
| STREET ADDRESS   | 10113 OAK BARK LANE        |   |
| CITY-ST-ZIP  | PALM BCH GARDENS, FL 33410 |   |
| TITLE  |                            |   |
| NAME   |                            |   |
| STREET ADDRESS   |                            |   |
| CITY-ST-ZIP  |                            |   |
| TITLE  |                            |   |
| NAME   |                            |   |
| STREET ADDRESS   |                            |   |
| CITY-ST-ZIP  |                            |   |
| TITLE  |                            |   |
| NAME   |                            |   |
| STREET ADDRESS   |                            |   |
| CITY-ST-ZIP  |                            |   |
| TITLE  |                            |   |
| NAME   |                            |   |
| STREET ADDRESS   |                            |   |
| CITY-ST-ZIP  |                            |   |
| 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:    |                            | 2-16-05 561 308 1991  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                            | Daytime Phone #   |