


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90073 028 ***150.00

DOCUMENT # L31346 1. Entity Name ROBERT GELLER, P.A.																																			
Principal Place of Business 108 CEDAR POINT LN LONGWOOD, FL 32779 US		Mailing Address 108 CEDAR POINT LN LONGWOOD, FL 32779 US																																	
2. Principal Place of Business 590 VILLAGE PL Suite, Apt. #, etc. APT 322		3. Mailing Address 590 VILLAGE PL. Suite, Apt. #, etc. APT 322																																	
City & State LONGWOOD FL		City & State LONGWOOD FL																																	
Zip 32779	Country U.S.	Zip 32779	Country U.S.																																
4. FEI Number 59-2987178		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent GELLER, ROBERT 108 CEDAR POINT LN LONGWOOD, FL 32779		7. Name and Address of New Registered Agent Name GELLER ROBERT Street Address (P.O. Box Number is Not Acceptable) 590 VILLAGE PLACE APT 322 City LONGWOOD FL Zip Code 32779																																	
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 <u><i>Robert Geller</i></u> DATE <u>1-28-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> PSTC GELLER, ROBERT 108 CEDAR POINT LN LONGWOOD, FL <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTC GELLER, ROBERT 108 CEDAR POINT LN LONGWOOD, FL <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11- <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> PSTC GELLER ROBERT 590 VILLAGE PL APT 322 LONGWOOD FL 32779 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTC GELLER ROBERT 590 VILLAGE PL APT 322 LONGWOOD FL 32779 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition														
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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 fee empowered.																																			
SIGNATURE: <u><i>Robert Geller</i></u> ROBERT GELLER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1-28-04</u> Daytime Phone # <u>407 622 4564</u>																																	