2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 07, 2005 08:00 AM **DOCUMENT # L95048 Secretary of State** OPH OF BOCA RATON, INC. Mailing Address Principal Place of Business 7146 BERA CASA WAY 7146 BERA CASA WAY BOCA RATON, FL 33433 BOCA RATON, FL 33433 CR2E034 (10/03) 06302005 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable 65-0214777 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PANNILL, MICHAEL J DO NOT WRITE 7146 BERA CASA WAY BOCA RATON, FL 33433 IN THIS SPACE 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 Fiorida. I am familiar with, and accept the obligations of registered agent. 07/07/05-80005-018 150.00 SIGNATURE (NOTE, Registered Agent signature required when reinstating) Signature. Noted or printed name of registered agent and title if applicable. 9. Election Campaign Financing in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS 10. TITLE PANNILL, EUGENE NAME 7146 BERA CASA WAY STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33433 VMGR TITLE PANNILL, MICHAEL J NAME STREET ADDRESS 7146 BERACASA WAY CITY-ST-ZIP BOCA RATON, FL 33433 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

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 the many 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 properties required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with any address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SNATURE AND TYPED OR PRINTED HAME OF SIGNANG OFFICER OR DIRECTOR

July 4, 2005

561 395-2303

FILED