2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005
Secretary of State

DOCUMENT# M81641

Entity Name: PAULINE POCOCK ANTIQUES, INC.

Current Principal Place of Business:

1200 EAST LAS OLAS BLVD SUITE 103
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

1200 EAST LAS OLAS BLVD
SUITE 103
FT. LAUDERDALE, FL 33301

Current Mailing Address:

1200 EAST LAS OLAS BLVD SUITE 103
FT. LAUDERDALE, FL 33301

New Mailing Address:

1200 EAST LAS OLAS BLVD
SUITE 103
FT. LAUDERDALE, FL 33301

FEI Number: 65-0053276 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KLISTON, TODD W.
8211 W. BROWARD BLVD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: AS ( ) Delete
Name: POCOCK, PAULINE,
Address: 431 SAN MARCO DRIVE
City-St-Zip: FT. LAUDERDALE, FL

Title: D ( ) Delete
Name: POCOCK, STUART,
Address: 1101 N.E. FIRST ST.
City-St-Zip: FT. LAUDERDALE, FL

Title: VP ( ) Delete
Name: POCOCK, NEIL
Address: 431 SAN MARCO DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: STUART POCOCK D 03/15/2005

Electronic Signature of Signing Officer or Director — Date