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Secretary of State
05-02-2005 90433 002 ***158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M89594

1. Entity Name
NEIL WEIN & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
4 AVENUE MONET PALM COAST, FL 32137	4 AVENUE MONET PALM COAST, FL 32137

04282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
5431 A1A South	5431 A1A South
Suite, Apt. #, etc.: Suite #106	Suite, Apt. #, etc.: Suite #106
City & State: St. Augustine, FL	City & State: St. Augustine, FL
Zip: 32080 Country: USA	Zip: 32080 Country: USA

4. FEI Number: 65-0057345 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WEIN, NEIL 4 AVENUE MONET PALM COAST, FL 32137	Name: Street Address (P.O. Box Number Is Not Acceptable): 5431 A1A South Suite #106 City: St. Augustine FL Zip Code: 32080

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WEIN, NEIL 4 AVENUE MONET PALM COAST, FL 32137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 5431 A1A South #106 St. Augustine, FL 32080
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Neil Wein (signature) Neil Wein 04/29/05 386-931-7653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #: 386-931-7653