2005 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP

of the corporation or the receiver or tr changed, or on an attachment with ar

FILED Jun 20, 2005 08:00 AM DOCUMENT # M96714 **Secretary of State** RAYMOND G. INGALSBE, P.A. Principal Place of Business 4400 PGA BLVD Mailing Address 4400 PGA BLVD SUITE 800 SUITE 800 PALM BCH GDNS, FL 33410 PALM BCH GDNS, FL 33410 01102005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0056615 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent INGALSBE, RAYMOND G., P.A. DO NOT WRITE 4400 PGA BOULEVARD SUITE 800 IN THIS SPACE PALM BCH. GDNS, FL 33410 8. The above named entity submits this statement for the purpose of changing its registered office or registered agont, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when rainstating) 9. Election Campaign Financing \$5.00 May Be. Trust Fund Contribution. FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 MATE gritoria de distrib An en en a secolation in the OFFICERS AND DIRECTORS 10. mue INGALSBE, RAYMOND G. NAME STREET ADDRESS 4400 PGA BLVD., SUITE 800 CITY-ST-ZIP PALM BCH GARDENS, FL U00000363655 06/20/05-80001-020 550.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 NAME

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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if