


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90144 027 \*\*\*\*61.25

<b>DOCUMENT # N01000006044</b> 1. Entity Name <b>EILEEN SMITH SCHOLARSHIP FOUNDATION, INC.</b>	
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Principal Place of Business <b>1601 BELVEDERE ROAD SUITE 407 SOUTH WEST PALM BEACH, FL 33406</b>	Mailing Address <b>1601 BELVEDERE ROAD SUITE 407 SOUTH WEST PALM BEACH, FL 33406</b>
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01052005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1136921</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>MEYER, WILLIAM A 1601 BELVEDERE ROAD SUITE 407 SOUTH WEST PALM BEACH, FL 33406</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEYER, WILLIAM A 1601 BELVEDERE ROAD Suite 407 SO. WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JABARA, RICHARD 7 KENOSIA AVENUE, SUITE 2A DANBURY, CT 06810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KALOGEROPOULOS, KOSTAS 7736 ADRIENNE DRIVE BREIIGSVILLE, PA 18002
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 617, 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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

William A. Meyer

April 8, 2005 561-689-6602