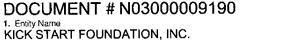
2004 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT



Principal Place of Business

C/O PERRY & KERN, P.A.



Mailing Address C/O PERRY & KERN, P.A. **50 SE FOURTH AVE** DELRAY BEACH, FL 33483

50 SE FOURTH AVE DELRAY BEACH, FL 33483 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212004 Chg-NP 4. FEI Number City & State City & State 11-0957202

FILED Apr 23, 2004 8:00 am Secretary of State

04-23-2004 90201 022 ****61.25

94062924

CR2E037 (10/03)

Applied For

Not Applicable



Zip	Country Zip		p	Cour	intry		5. Certificate of Sta		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
PERRY, MARK A ESQ					Name							
PERRY & KERN, P.A. 50 SE FOURTH AVE					Street Address (P.O. Box Number is Not Acceptable)							
	BEACH, FL 33483											
					City				FL	Zip Code)	
	named entity submits this statemer ions of registered agent.	nt for the purp	ose of changing its	registere	d office or reg	istere	d agent, or both, in	the State of I	Florida. I am t	amiliar with,	and accept	
SIGNATURE .												
	Signature, typed or printed name of registered a	igent and title if app	plicable. (NOTE	E: Registered	Agent signature rec	quired w	hen reinstating)		DATE			
	Filing Fee is \$61.25 Due by May 1, 2004 9. Election 0 Trust Fun						\$5.00 May Be Added to Fees	Make check payable to Florida Department of State				
10.	OFFICERS AND	DIRECTORS		11,		Al	DDITIONS/CHANGI	S TO OFFIC	ERS AND DIF	RECTORS IN	10	
TITLE NAME STREET ADDRESS	PD BROWN, M. SCOTT P.O. BOX 1616		☐ Delete		T ADDRESS					Change	☐ Addition	
TITLE NAME	BOYNTON BEACH, FL 3348 VD PERRY, MARK A ESQ	3	☐ Delete	TITLE NAME	ST-ZIP					☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	50 SE FOURTH AVE DELRAY BEACH, FL 33483			STREE	T ADDRESS ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FALKANGER, CHARLES C 621 NE SEVENTH AVE DELRAY BEACH, FL 33483	.,	□ Delete		T ADDRESS ST-ZIP					☐ Change	Addilion	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		T ADDRESS ST-ZIP					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Deleta		T ADDRESS ST-ZIP					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		in the same same	☐ Delete	CITY-	T ADDRESS ST-ZIP	:- C-		and Comment	(f.al-	Change	Addition	
 I nereby 	certify that the information supplied	with this Histo	g does not qualify for	r ine exen	nption stated i	in Sec	non 119.07(3)(i), Ho	orida Statute:	s. I further cer	tity that the ir	ntormation	

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:

SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED HAVE

4.21.04 561