2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10047

FILED Feb 19, 2004 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Entity Name: FLORIDA BUSINESS BROKERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1201 US HWY ONE., #220 860 E SEMORAN BLVD

NORTH PALM BEACH, FL 33408 US CASSELBERRY, FL 32707 US

Current Mailing Address: New Mailing Address:

1201 US HWY ONE., #220 860 E SEMORAN BLVD

NORTH PALM BEACH, FL 33408 US CASSELBERRY, FL 32707 US

FEI Number: 59-2976465 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

WOZNIAK, ROGER B KEITH, LEHMANN 1201 US HWY ONE., #220 815 ORIENTA AVE

NORTH PALM BEACH, FL 33408 US 102 ALTAMONTE SPRINGS, FL 327015600 US

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: KEITH LEHMANN 02/19/2004

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

DC LEHMANN, KEITH LEHMANN, KEITH Name: Name: 313 DIRKSEN DR., BLDG D Address: 313 DIRKSEN DR., BLDG D Address: City-St-Zip: DEBARY, FL 32713 City-St-Zip: DEBARY, FL 32713 US

(X) Change () Addition Title: DS () Delete Title: RICHARDS, EDNA Name: RICHARDS, EDNA Name: Address:

4207 BAY TO BAY BLVD Address: 4207 BAY TO BAY BLVD City-St-Zip: DEBARY, FL 32713 City-St-Zip: DEBARY, FL 32713 US

Title: () Delete Title: (X) Change () Addition

WOZNIAK, ROGER LOIS, KOPHAMMER Name: Name: 1201 US HWY ONE, STE 220 88 RIBERIA STREET, SUITE 250 Address: Address:

City-St-Zip: NORTH PALM BEACH, FL 33408 City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: () Delete Title: DVP () Change (X) Addition

Name: Name: DICK, MOSELEY

1342 COLONIAL BLVD G-56 Address: Address: City-St-Zip: City-St-Zip: FT MYERS, FL 33907 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH LEMANN DC 02/19/2004