

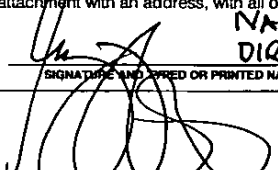


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90099 043 \*\*\*\*61.25

<b>DOCUMENT # N95000003928</b>					
<b>1. Entity Name</b> THE GROVE TREE-MAN TRUST, INC.					
<b>Principal Place of Business</b> P.O. BOX 1971 COCONUT GROVE, FL 33133 US			<b>Mailing Address</b> P.O. BOX 1971 COCONUT GROVE, FL 33133 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		<b>50033865</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03292005 Chg-NP CR2E037 (10/03)	
Zip		Country		<b>4. FEI Number</b> 65-0611127	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
MCMaster, JIM 2940 SW 30TH COURT MIAMI, FL 33133			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D BILLIG, SUE 3595 AVOCADO AVE MIAMI, FL 33133	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DS ORR, JUDY 2250 SW 27 TR MIAMI FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DT CLIFF, NANCY 2238 SW 27 TERR COCONUT GROVE, FL	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D BOGGIO, NANCY 2485 S. BAYSHORE DR MIAMI FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, JOYCE 2535 INAGUA AVE COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D KISLAK, LYNN 2001 S. BAYSHORE DR MIAMI FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DP MCMaster, JIM 2940 SW 30 COURT MIAMI, FL 33133	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D VER PLOEG, ANTHEA 1980 TIGERTAIL MIAMI FL 33133	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D DELMORE, NICK 2238 SW 27 TERR MIAMI, FL 33133	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DV NELSON, ROY 2535 INAGUA AVE COCONUT GROVE, FL 33133	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			NANCY J. CLIFF DIRECTOR, TREASURER		
			3/29/05 305.868.1767 <small>Date Daytime Phone #</small>		