


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000007831		
1. Entity Name TROJAN MANAGEMENT OF THE PALM BEACHES, INC.		

Principal Place of Business 217 DANUBE WAY PALM BEACH GARDENS, FL 33410	Mailing Address 217 DANUBE WAY PALM BEACH GARDENS, FL 33410
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2. Principal Place of Business 5701 WHIRLAWAY RD Suite, Apt. #, etc.	3. Mailing Address 5701 WHIRLAWAY RD Suite, Apt. #, etc.
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City & State PALM BEACH GARDENS, FL	City & State PALM BEACH GARDENS, FL
Zip 33418	Country US

FILED  
05 OCT 14 PM 12:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



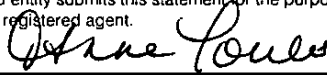
10112005 REIN-P CR2E098 (6/04)

4. FEI Number 65-0985379	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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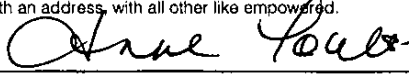
6. Name and Address of Current Registered Agent  POULOS, ANNE 217 DANUBE WAY PALM BEACH GARDENS, FL 33410	
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7. Name and Address of New Registered Agent Name POULOS, ANNE Street Address (P.O. Box Number is Not Acceptable) 5701 WHIRLAWAY RD City PALM BEACH GARDENS FL Zip Code 33418	
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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: 	DATE: 10/11/05
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POULOS, ANNE 217 DANUBE WAY PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POULOS, ANNE 5701 WHIRLAWAY RD PALM BEACH GARDENS, FL 33418 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	70006078005 10/19/05--01058--020 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: 	DATE: 10/11/05 5:19 PM 10/11/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	