
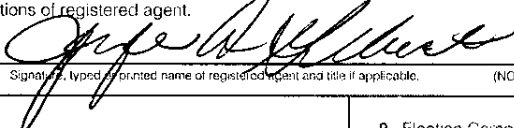
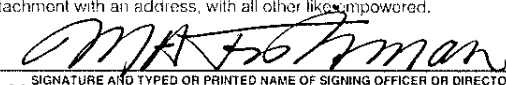


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-23-2004 90201 041 ***150.00

DOCUMENT # P00000051170 1. Entity Name BAMT ST. ANDREWS CORPORATION					
Principal Place of Business 1709 VILLAGE BLVD. WEST PALM BEACH, FL 33409			Mailing Address SWEETLAND CT. LEGAL DEPT. CLEVELAND, OH 44143		
2. Principal Place of Business 5025 Swetland Court Suite, Apt. #, etc.			3. Mailing Address 5025 Swetland Court Suite, Apt. #, etc. Legal Dept.		
City & State Richmond Heights, OH 44143			City & State Richmond Heights, OH		
Zip 44143		Country USA		4. FEI Number 65-1012199	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent STONE, CHARLES J 250 AUSTRALIAN AVE. SOUTH, STE 1204 WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road City Plantation		
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:  JOYCE A. ALBERT ASSISTANT SECRETARY DATE: 1-16-04		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRIEDMAN, JEFFREY I 5025 SWELAND CT. RICHMOND HEIGHTS, OH 44143	<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	VP POWERS, DANIEL L 5025 SWETLAND CT. RICHMOND HEIGHTS, OH 44143	<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	S FISHMAN, MARTIN A 5025 SWETLAND CT. RICHMOND HEIGHTS, FL 44143	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Fishman, Martin A. 5025 Swetland Court Richmond Heights, Ohio 44143 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STONE, CHARLES J 250 AUSTRALIAN AVE. SOUTH, STE 1204 WEST PALM BEACH, FL 33401	<input checked="" 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	T FATICA, LOU 5025 SWETLAND CT. RICHMOND HEIGHTS, FL 44143	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Fatica, Lou 5025 Swetland Court Richmond Heights, Ohio 44143 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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:  Martin A. Fishman, Secretary			Date: 4-20-04 Daytime Phone #: 216/797-8780		

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01092004 Chg-P CR2E034 (10/03)