2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TY

Mar 16, 2005 8:00 am **Secretary of State** DOCUMENT # P00000077505 03-16-2005 90038 046 ***150.00 1. Entity Name TOP JOCK, INC. Principal Place of Business Mailing Address 1342 BARRINGTON DRIVE PO BOX 20125 WEST PALM BEACH, FL 33416-0125 WEST PALM BEACH, FL 33406 50027305 2. Principal Place of Business 537 South Sequoia Dr. #115 South 03142005 CR2E034 (10/03) Chg-P City & State WEST POLIN BEACH City & State VEST PALA BEACH 4. FEI Number Applied For 65-1038550 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KOERT KNIGHTS, KOERT 1342 BARRINGTON DRIVE WEST PALM BEACH, FL 33406 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 familia the obligations of registered agent SIGNATURE gistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \Box Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change TITLE ☐ Delete TITLE ☐ Addition KNIGHTS, KOERT NAME NAME STREET ADDRESS 1342 BARRINGTON DRIVE STREET ADDRESS WEST PALM BEACH, FL 33406 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOTLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 or Block 12 or Block 12 or Block 12 or Block 11 or Block 12 or Block 13 or Block 12 or Block 13 or Block 12 changed, or on an attachment with an address, with all other like empowered. SIGNATURE: TENAME OF SIGNING OFFICER OR DIRECTOR

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