

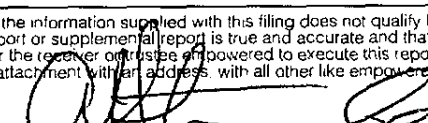


FILED
May 03, 2004 08:00 AM
Secretary of State

<div>000000000000 P000000097998</div> <div>1. Entity Name KLE OF PALM BEACH, INC.</div>		<div></div>	Secretary of State												
<div>Principal Place of Business 8349 S.E. COUNTRY ESTATES WAY JUPITER, FL 33458</div>		<div>Mailing Address POST OFFICE BOX 2452 JUPITER, FL 33468-2452</div>													
<div>DO NOT WRITE IN THIS SPACE</div>		<div></div> <div>03242004 SUBJECT 000000000000</div> <div>4. FEI Number 65-1053241</div> <div>Applied For Not Applicable</div> <div>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 <input type="checkbox"/></div>													
<div>6. Name and Address of Current Registered Agent BASS, DONALD L 7166 S.E. OSPREY STREET HOBE SOUND, FL 33455</div>		<div>DO NOT WRITE IN THIS SPACE</div>													
<div>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.</div> <div>SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small></div>															
<div>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</div>		<div>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 <input type="checkbox"/></div>													
<div>10. OFFICERS AND DIRECTORS</div> <table border="1"><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td>D STRAMONDO, ANTHONY J 8349 S.E. COUNTRY ESTATES WAY JUPITER, FL 33458</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td></td></tr></table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STRAMONDO, ANTHONY J 8349 S.E. COUNTRY ESTATES WAY JUPITER, FL 33458	TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		<div>U000000149037 05/03/04-80130-016 150.00</div> <div>DO NOT WRITE IN THIS SPACE</div>	
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<div>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.</div> <div>SIGNATURE:  4/18/04 561-743-0636</div> <div><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small></div>															