2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 24, 2005 08:00 AM DOCUMENT # P00000099007 Secretary of State 1. Entity Name KATHRYN JACOBS CASE MANAGEMENT & CONSULTING, Pancipal Place of Business Mailing Address 2500 CRANBROOK DR. 2500 CRANBROOK DR. BOYNTON BEACH FL 33436 DYNTON BEACH FL 33436 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. #. etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zφ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JACOBS, KATHRYN Street Address (P.O. Box Number is Not Acceptable) 2500 CRANBROOK DR. BOYNTON BEACH FL 33436 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE THEF Change Addition Delete 000000189823 01/24/05-80111-003 150.00 NAME JACOBS, KATHRYN NAME STREET ADDRESS 2500 CRANBROOK DR STREET ADDRESS. CITY-ST-7/P **BOYNTON BEACH FL 33436** CITY - ST - ZIP TITLE ☐ Delete THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City - St - ZIP □ Chanαe BILE ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP IIIIF ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS OTY-51-2IP CITY-ST-ZIP Delete THEF Change Addition HITE NAME NAME STREET ADDRESS. STREET ADDRESS CITY-ST-ZIP CITY-ST- 20F ☐ Delete THE Change Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CUY-SI-AP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1.19.07(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.

SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

18/05 (561) 635-5606 Daytone Priorie #