
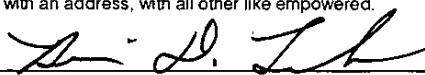


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90216 022 ***150.00

DOCUMENT # P00000117181 1. Entity Name BRIAN LENEHAN, INC.					
Principal Place of Business 30 WINDWARD ISLE PALM BEACH GARDENS FL 33418			Mailing Address 30 WINDWARD ISLE PALM BEACH GARDENS FL 33418		
2. Principal Place of Business Suite, Apt. #, etc. BRIAN D. LENEHAN INC.			3. Mailing Address Suite, Apt. #, etc. BRIAN LENEHAN INC		
City, State 5730 NATIVE DANCER RD. SO. PALM BEACH GARDENS, FL 33418			City, State 5730 NATIVE DANCER RD. SO. PALM BEACH GARDENS, FL 33418		
Zip 		Country 		Zip 	
Country 		Country 		4. FEI Number 65-1071585	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LENEHAN, BRIAN 30 WINDWARD ISLE PALM BEACH GARDENS FL 33418			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BRIAN LENEHAN 5730 NATIVE DANCER RD. SO. PALM BEACH GARDENS, FL 33418 City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
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	D LENEHAN, BRIAN D 30 WINDWARD ISLE PALM BEACH FL 33418 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	LENEHAN BRIAN D. 5730 NATIVE DANCER RD. SO. PALM BEACH GARDENS, FL 33418 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LENEHAN, TRACY 30 WINDWARD ISLE PALM BEACH FL 33418 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	LENEHAN TRACY 5730 NATIVE DANCER RD. SO. PALM BEACH GARDENS, FL 33418 <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	LENEHAN 5730 NATIVE DANCER RD. SO. PALM BEACH GARDENS, FL 33418 <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: 			FEB 20, 05 561 308 3805		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					