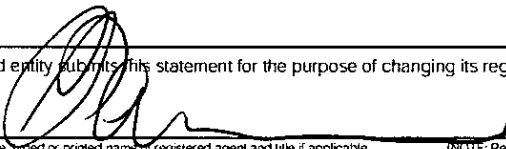
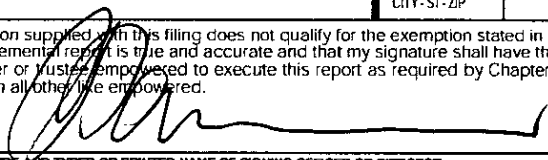


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91743 005 ***150.00

DOCUMENT # P01000024662			
1. Entity Name HUGH GORDON BODLEY, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 1301 SABAL RIDGE CIRCLE Suite, Apt. #, etc. D		3. Mailing Address 1301 SABAL RIDGE CIRCLE Suite, Apt. #, etc. D	
City & State PALM BEACH GARDENS		City & State PALM BEACH GARDENS	
Zip 33418	Country USA	Zip	Country
4. FEI Number 593113699		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name HUGH G BODLEY			
Street Address (If not Box Number is Not Applicable) 1301 SABAL RIDGE CIRCLE APT D			
City PALM BEACH GARDENS		FL	Zip 33418
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.			
SIGNATURE 		DATE 5/15/02	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT HUGH G BODLEY 1301 SABAL RIDGE CIRCLE D PALM BEACH GARDENS FL 33418	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
13. 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 11 or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE 5/15/02 Daytime Phone # 561 3091798	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034B (12/01)