2004 FOR PROFIT CORPORATION

Apr 28, 2004 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P01000043262 1. Entity Name FINKELSTEIN & ASSOCIATES, P.A. Mailing Address Principal Place of Business 27 FLETCHER AVENUE 27 FLETCHER AVENUE SARASOTA, FL 34237 SARASOTA, FL 34237 04212004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbe 65-1035846 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent FINKELSTEIN, DAVID DO NOT WRITE 27 FLETCHER AVE. SARASOTA, FL 34237 IN THIS SPACE 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) U00000134397 04/28/04-80017-017 150.00 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE FINKELSTEIN, DAVID NAME 27 FLETCHER AVENUE STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34237 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied indicated on this reporter supplemental description of the corporation or the receiver or truste changed, or on an attachment with an additional supplied to the corporation of the receiver of the changed or on an attachment with an additional supplied to the corporation of the corpora this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the Information type and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director whered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if with all pither like empowered.

SIGNATURE

NAME STREET ADDRESS

FILED