

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Dec 21, 2004
Secretary of State**

DOCUMENT# P01000047526

Entity Name: PETER LEVINE ASSOCIATES, INC.

Current Principal Place of Business:

4400 N. FEDERAL HIGHWAY
SUITE 210
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

4400 N. FEDERAL HIGHWAY
SUITE 210
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 65-1105881 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINE, PETER
4400 N. FEDERAL HIGHWAY
SUITE 210
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEVINE, PETER
Address: 4400 N. FEDERAL HIGHWAY #210
City-St-Zip: BOCA RATON, FL 33431

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: LEVINE, ELIZABETH K
Address: 6847 ROYAL ORCHID CIRCLE
City-St-Zip: DELRAY BEACH, FL 33446

Title: D/TR () Change (X) Addition
Name: WEISMAN, DEBORAH L
Address: 6282 VIA PALLADIUM
City-St-Zip: BOCA RATON, FL 33433

Title: D () Change (X) Addition
Name: LEVINE, JEREMY D
Address: 320 EAST 23D ST. 14P
City-St-Zip: NEW YORK, NY 10010

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER G. LEVINE

D

12/21/2004

Electronic Signature of Signing Officer or Director

Date