2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000047526

Address:

City-St-Zip:

Entity Name: PETER LEVINE ASSOCIATES, INC.

FILED Dec 21, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4400 N. FEDERAL HIGHWAY SUITE 210 BOCA RATON, FL 33431 **New Mailing Address: Current Mailing Address:** 4400 N. FEDERAL HIGHWAY SUITE 210 BOCA RATON, FL 33431 FEI Number: 65-1105881 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEVINE, PETER 4400 N. FEDERAL HIGHWAY SUITE 210 BOCA RATON, FL 33431 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition LEVINE, PETER Name: Name: 4400 N. FEDERAL HIGHWAY #210 Address: Address: City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: Name: LEVINE. ELIZABETH K 6847 ROYAL ORCHID CIRCLE Address: Address: DELRAY BEACH, FL 33446 City-St-Zip: City-St-Zip: Title: () Change (X) Addition Title: () Delete D/TR WEISMAN, DEBORAH L Name: Name: 6282 VIA PALLADIUM Address Address: City-St-Zip: City-St-Zip: BOCA RATON, FL 33433 Title: () Delete Title: () Change (X) Addition LEVINE, JEREMY D Name: Name:

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.

Address:

City-St-Zip:

320 EAST 23D ST. 14P

NEW YORK, NY 10010

SIGNATURE: PETER G. LEVINE D 12/21/2004