

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000047526

FILED  
Mar 08, 2005  
Secretary of State

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

PR

03/08/2005

Electronic Signature of Signing Officer or Director

Date