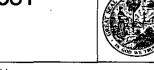
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P01000053531

POWELL REAL ESTATE SERVICES, INC.



FILED Mar 28, 2003 8:00 am Secretary of State
03-28-2003 90105 047 ***150.00

Fee Recommendations of States of States Desired Line Registered Agent 7. Name and Address of New Registered Agent Name Powell—Robert E Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 1516 VENUS AVENUE JUPITER FL 33469 6. Name and Address of New Registered Agent Name Powell—Robert—E Street Address (P.O. Box Number is Not Acceptable) 6. 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 withe obligations of registered agent.	Applied For Not Applicable Additional quired Code3245
30 Tequesta Drive	Applied For Not Applicable Additional quired Code3245
Suite, Apt. #, etc. Suite, Ap	Applied For Not Applicable Additional quired Code3245
City & State Country	Not Applicable Additional quired Code 3245
Fee Res 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent POWELL, ROBERT E 1516 VENUS AVENUE JUPITER FL 33469 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 to the obligations of registered agent.	Code32428
POWELL, ROBERT E 1516 VENUS AVENUE JUPITER FL 33469 Name Powell—Robert E Street Address (P.O. Box Number is Not Acceptable) 6230 Woodlake Road City Jupiter 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 to the obligations of registered agent.	27478
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the obligations of registered agent.	with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
After May 1, 2003 Fee Will be \$550.00 Make Check Payable to Florida Department of State Trust Fund Contribution.	55.00 May Be dided to Fees
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	TORS IN 11
TITLE D D Delete D De	inge
TITLE Delete TITLE Cha NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	nge
TITLE Delete TITLE Chan NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	nge Addition
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TITLE Delete TITLE Char NAME NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	nge Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. 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	

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: