**2005 FOR PROFIT CORPORATION ANNUAL REPORT** 

SIGNATURE:

## FILED Apr 27, 2005 08:00 AM Secretary of State **DOCUMENT # P01000054386** 1. Entity Name ELAINE SIMON, P.A. Principal Place of Business Mailing Address 2445 PIGEON CAY 2445 PIGEON CAY WEST PALM BEACH, FL 33411 WEST PALM BEACH, FL 33411 03302005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1110912 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SIMON, ELAINE DO NOT WRITE 2445 PIGEON CAY WEST PALM BEACH, FL 33401 IN THIS SPACE . 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) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150,00 After May 1, 2005 Fee will be \$550,00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TIFLE SIMON, ELAINE NAME U00000335309 2445 PIGEON CAY STREET ADDRESS 04/27/05-80082-001 150.00 CITY-ST-ZIP WEST PALM BEACH, FL 33401 TITLE NAME STREET ADDRESS CTY-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-SY-709 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 the information 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. of the corporation of the receiver of changed, or on an attachment with