

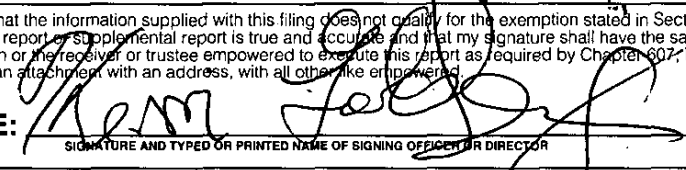


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90516 001 \*\*\*150.00

<b>DOCUMENT # P01000072540</b>					
<b>1. Entity Name</b> KERRI L. GOLDING, P.A.					
<b>Principal Place of Business</b> <del>1475 WEST CYPRESS CREEK ROAD</del> <del>SUITE 204</del> FORT LAUDERDALE, FL 33309			<b>Mailing Address</b> <del>1475 WEST CYPRESS CREEK ROAD</del> <del>SUITE 204</del> FORT LAUDERDALE, FL 33309		
<b>2. Principal Place of Business</b> 1000 N.W. 65TH. ST. Suite, Apt. #, etc. SUITE 200 City & State FT. LAUDERDALE, FL. 33309 Zip                      Country		<b>3. Mailing Address</b> 1000 N.W. 65TH. ST. Suite, Apt. #, etc. SUITE 200 City & State FT. LAUDERDALE, FL. 33309 Zip                      Country		54040600 	
<b>4. FEI Number</b> 65-1123080				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  GOLDING, KERRI L <del>1475 WEST CYPRESS CREEK ROAD</del> <del>SUITE 204</del> FORT LAUDERDALE, FL 33309			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 1000 N.W. 65TH. ST. SUITE 200 FT. LAUDERDALE, FL. 33309 City <b>FL</b> Zip Code		
<b>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 with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)                      DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D    GOLDING, KERRI L <input type="checkbox"/> Delete <del>1475 WEST CYPRESS CREEK ROAD SUITE 204</del> FORT LAUDERDALE, FL 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1000 N.W. 65th ST. SUITE 200 FT. LAUDERDALE, FL. 33309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> 			4/21/2004    954-772-7878 Date                      Daytime Phone #		
KERRI L. GOLDING					