

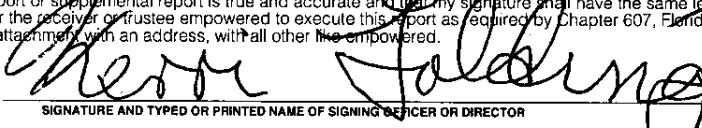


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90291 028 \*\*\*150.00

<b>DOCUMENT # P01000072540</b> 1. Entity Name KERRI L. GOLDING, P.A.					
Principal Place of Business <b>1000 N.W. 65TH STREET</b> <b>SUITE 200</b> <b>FORT LAUDERDALE, FL 33309 US</b>			Mailing Address <b>1000 N.W. 65TH STREET</b> <b>SUITE 200</b> <b>FORT LAUDERDALE, FL 33309 US</b>		
2. Principal Place of Business <b>2950 W. CYPRESS CREEK ROAD</b> Suite, Apt. #, etc. <b>SUITE 102</b> City & State <b>FT. LAUDERDALE, FL.</b>		3. Mailing Address <b>2950 W. CYPRESS CREEK ROAD</b> Suite, Apt. #, etc. <b>SUITE 102</b> City & State <b>FT. LAUDERDALE, FL.</b>			
Zip <b>33309</b>		Country <b>USA</b>		4. FEI Number <b>65-1123080</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>GOLDING, KERRI L</b> <b>1000 N.W. 65TH STREET</b> <b>SUITE 200</b> <b>FORT LAUDERDALE, FL 33309</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>2950 W. CYPRESS CREEK ROAD, SUITE 102</b>  City <b>FT. LAUDERDALE, FL</b>	
Zip Code <b>33309</b>		Zip Code <b>33309</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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>GOLDING, KERRI L</b> <input type="checkbox"/> Delete <b>1000 N.W. 65TH STREET, SUITE 200</b> <b>FORT LAUDERDALE, FL 33309</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>2950 W. CYPRESS CREEK ROAD, #102</b> <b>FT. LAUDERDALE, FL. 33309</b>	
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	
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 <del>the</del> empowered.					
<b>SIGNATURE:</b> 			4/21/05 954-545-6070 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					