2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 28, 2005 8:00 am Secretary of State 04-28-2005 90170 011 ***150.00 DOCUMENT # P01000078575 1. Entity Name WC PALMETTO PARK, INC. Principal Place of Business Mailing Address 150 E PALMETTO PARK ROAD #401 150 E PALMETTO PARK ROAD #401 BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business PLEASE NOTE OUR NEW ADDRESS: 04242005 Chg-P CR2E034 (10/03) 120 E. PALMETTO PARK, ROAD City & State Applied For 4. FEI Number SUITE 410 65-1138399 Not Applicable HOGAIRATON, FL 39432 Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required (561) 394-7400 5. Name and Address of Current Registered Agent Name PLEASE NOTE OUR NEW ADDRESS: SIMIGRAN, KENNETH H 150 E PALMETTO PARK ROAD #401 Street Pare (PALMETIO PARK ROAD BOCA RATON, FL 33432 **SUITE 410 BOCA RATON, FL 33432** Zip Code 8. The above named entity submits this statement to 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 spirits represent the obligation o SIGNATURE and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. TETĀSE NOTE OUR NEW ADDRESS OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTO 10. 11. 120 E. PALMETTO PARK ROAD Delete TITLE TITLE Addition SINIGRAN, KENNETH NAME NAME SUITE 410 STREET ADDRESS 150 E. PALMETTO PARK ROAD, #340 STREET ADDRESS PASARAFAN 51-33432W (561) 394-7400 BOCA RATON, FL 33432 CITY-ST-ZIP City-ST-7IP SRESS: Addition TITLE ☐ Delete TITLE NAME DOUGLAS, STEPHEN 120 E. PALMETTO PARK ROAD STREET ADDRESS 150 E. PALMETTO PARK ROAD, #340 STREET ADORESS CITY-ST-ZIP BOCA RATON, FL 33432 CITY-ST-ZIF SUITE 410 BOCA RATON, FL 33432 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME (561) 394-7400 STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 intrace 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 otherwise empowered.

OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED