2004 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT (AR)** Apr 29, 2004 8:00 am Secretary of State DOCUMENT # P01000084091 1. Entity Name 04-29-2004 90204 004 ***150.00 WHITNEY M. BALDWIN, INC. Principal Place of Business Mailing Address 820 DIXIE HIGHWAY 820 DIXIE HIGHWAY SUITE 1 WEST PALM BEACH FL 33401 SUITE 1 WEST PALM BEACH FL 33401 2. Principal Place of Business Mailing Address 4110 Washington 4110 Washington Suite, Apt. #, etc. CR2E034 (11/03) West Palm Beach 4. FEI Number Applied For 65-1133800 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TARONE, THEODORE T JR. Street Address (P.O. Box Number is Not Acceptable) 180 ROYAL PALM WAY SUITE 201 PALM BEACH FL 33480 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. TITLE ☐ Addition ☐ Delete BALDWIN, WHITNEY M NAME NAME 4110 WASHINGTON RUAD 253 MURRAY RD. STREET ADDRESS STREET ADDRESS WEST PALS BEACH, FL 33465 CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-7IP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS 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 ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 anothrat 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:

ATURE AND TYPED OR PRINTED NAME OF

WHITNEY M. BALOWIN 4/23/04