


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90249 037 \*\*\*150.00

<b>DOCUMENT # P01000096491</b>	
1. Entity Name <b>CONGRESS AVENUE DEVELOPMENT COMPANY</b>	

Principal Place of Business <b>8217 STEEPLECHASE DRIVE PALM BEACH GARDENS, FL 33418</b>	Mailing Address <b>8217 STEEPLECHASE DRIVE PALM BEACH GARDENS, FL 33418</b>
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**14009258**



2. Principal Place of Business <b>4500 PGA Blvd.</b>	3. Mailing Address <b>4500 PGA Blvd.</b>
Suite, Apt. #, etc. <b>Suite 207</b>	Suite, Apt. #, etc. <b>Suite 207</b>
City & State <b>Palm Beach Gardens, FL</b>	City & State <b>Palm Beach Gardens, FL</b>
Zip <b>33418</b>	Country <b>USA</b>

03172005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>GALUI, GENE 8217 STEEPLECHASE DRIVE PALM BEACH GARDENS, FL 33418</b>	
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7. Name and Address of New Registered Agent Name <b>Brandt, Phillip</b> Street Address (P.O. Box Number is Not Acceptable) <b>4500 PGA Blvd., Suite 207</b> City <b>Palm Beach Gardens</b> <b>FL</b> Zip Code <b>33418</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 <i>Gene Galui</i> Signature, typed or printed name of registered agent and title if applicable.	DATE <i>3/29/05</i> (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST GALUI, GENE 8217 STEEPLECHASE DRIVE PALM BEACH GARDENS, FL 33418 <input checked="" 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	DP Stephanos, Diane L. 4500 PGA Blvd., Suite 207 Palm Beach Gardens, FL 33418 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Galui, Judith M. 4500 PGA Blvd., Suite 207 Palm Beach Gardens, FL 33418 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DiVosta Floyd, Cathy 4500 PGA Blvd., Suite 207 Palm Beach Gardens, FL 33418 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DiVosta, Guy M. 4500 PGA Blvd., Suite 207 Palm Beach Gardens, FL 33418 <input type="checkbox"/> Change <input checked="" 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 like empowered.	
SIGNATURE: <i>Judith M. Galui</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <i>3-24-05</i> 561/691-9050 Daytime Phone #