

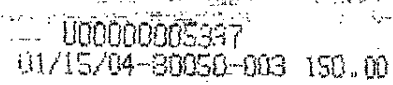



**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000018844</b>		
1. Entity Name D.E.M. OF DELRAY BEACH, INC.		
Principal Place of Business 101 S.E. 6TH AVE., STE. B DELRAY BEACH, FL 33483		Mailing Address 830 SE 5TH AVE DELRAY BEACH, FL 33483
<b>DO NOT WRITE IN THIS SPACE</b>		
		 01122004 No Chg-P CR2E034 (10/03)
4. FEI Number 04-3601691		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  MANNING, P. MICHAEL JR 101 S.E. 6TH AVE., STE. B DELRAY BEACH, FL 33483		<b>DO NOT WRITE IN THIS SPACE</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 reinstalling)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		 000000005347 01/15/04-20050-003 150.00  <b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOORE, DOUGLAS 1525-C SPRING HARBOR DR. DELRAY BEACH, FL 33445	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOORE, ELLEN D.M. 1525-C SPRING HARBOR DR. DELRAY BEACH, FL 33445	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1/12/04</u> Daytime Phone # _____