

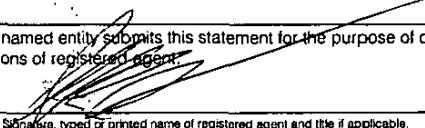
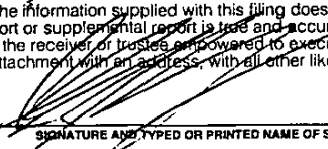


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90105 024 ***150.00

DOCUMENT # P02000021096 1. Entity Name IRWIN R. GILBERT, P.A.																																	
Principal Place of Business 1555 PALM BEACH LAKES BLVD 920 WEST PALM BEACH, FL 33401			Mailing Address 1555 PALM BEACH LAKES BLVD 920 WEST PALM BEACH, FL 33401																														
2. Principal Place of Business 1601 BELVEDERE RD		3. Mailing Address 1601 BELVEDERE RD																															
Suite, Apt. #, etc. SUITE 110E		Suite, Apt. #, etc. SUITE 110E																															
City & State WEST PALM BEACH, FL		City & State WEST PALM BEACH, FL																															
Zip 33406		Country USA		4. FEI Number 71-0908014																													
5. Certificate of Status Desired <input type="checkbox"/>		6. Name and Address of Current Registered Agent GILBERT, IRWIN R 1555 PALM BEACH LAKES BLVD SUITE 310 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name GILBERT, IRWIN R Street Address (P.O. Box Number is Not Acceptable) 1601 BELVEDERE RD SUITE 110E City WEST PALM BEACH FL Zip Code 33406																													
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  DATE 4/11/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																														
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE D NAME GILBERT, IRWIN R STREET ADDRESS 1555 PALM BEACH LAKES BLVD, STE 920 CITY-ST-ZIP WEST PALM BEACH, FL 33401 </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> </table>			TITLE D NAME GILBERT, IRWIN R STREET ADDRESS 1555 PALM BEACH LAKES BLVD, STE 920 CITY-ST-ZIP WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE D NAME GILBERT, IRWIN R STREET ADDRESS 1601 BELVEDERE RD SUITE 110E CITY-ST-ZIP WEST PALM BEACH, FL 33406 </td> <td style="width:50%; padding: 2px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> <tr><td style="height: 40px;"> </td><td> </td></tr> </table>			TITLE D NAME GILBERT, IRWIN R STREET ADDRESS 1601 BELVEDERE RD SUITE 110E CITY-ST-ZIP WEST PALM BEACH, FL 33406	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition												
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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:  DATE 4/11/05 561-684-1199 <small>Signature and typed or printed name of signing officer or director</small>																																	