2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 26, 2005 08:00 AM Secretary of State DOCUMENT # P02000044772 KENNEDY ENTERPRISES OF BOCA RATON, INC. Principal Place of Business Mailing Address 7400 NORTH FEDERAL HWY, 7400 NORTH FEDERAL HWY. THE COLONY SHOPPES THE COLONY SHOPPES BOCA RATON, FL 33487 BOCA RATON, FL. 33487 CR2E034 (10/03) 04222005 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 41-2037967 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent GATSOS, ELAINE M ESQ. DO NOT WRITE 1499 WEST PALMETTO PARK RD., STE. 210 BOCA RATON, FL 33486 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TIFLE KENNEDY, SUZANNE M NAME STREET ADDRESS 112 SPRUCE STREET CITY-ST-ZIP BOYNTON BEACH, FL 33426 VΡ TITLE NAME KENNEDY, JOHN A STREET ADDRESS 112 SPRUCE STREET CITY-SY-78 BOYNTON BEACH, FL 33426 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE 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 charged, or on an attachment with an address, with all other like empowered.

FILED

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