## 2005 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

Apr 29, 2005 8:00 am Secretary of State **DOCUMENT # P02000075441** 04-29-2005 90242 009 \*\*\*150.00 NEXTFRONTIERS & ASSOCIATES, INC. Principal Place of Business Mailing Address 14008942 500 GULFSTREAM BLVD. C/O EDWARD P. PHILLIPS, ESQ. SUITE 106-108 980 N. FEDERAL HWY., STE 434 DELRAY BEACH, FL 33483 BOCA RATON, FL 33432 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252005 Chq-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 82-0553970 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Stephan Blacher BLACHER, STEPHAN Street Address (P.O. Box Number is Not Acceptable) 500 GULFSTREAM BLVD. 4300 Lakewood Drive STE 106-108 DELRAY BEACH, FL 33483 Delary Beach, 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) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be  $\Box$ Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D TITLE ☐ Delete TITLE Addition Change Stephan Blacher NAME BLACHER, STEPHAN NAME 4300 Lakewood Drive STREET ADDRESS 500 GULFSTREAM BLVD., STE 106-108 STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33483 CITY-ST-ZIP Delray Beach, FL 33445 D TITLE Delete TITLE ☐ Change ☐ Addition BROWN, JOSEPH NAME NAME STREET ADDRESS **60 INDIAN PALM POINT** STREET ADDRESS CITY-ST-ZIP MARSTONS MILLS, MA 02648 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete T/TLF TITLE Change Addition 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

**FILED** 

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 or an attachment with an address, with all other like empowered.

B/ACHER (OHAN)

SIGNATURE: