2004 FOR PROFIT CORPORATION ANNUAL REPORT

Sep 14, 2004 8:00 am Secretary of State **DOCUMENT # P02000089863** 1. Entity Name 09-14-2004 90001 007 ***150.00 ALEXANDER R. BRUMFIELD, III, P.A. Principal Place of Business Mailing Address 319 8TH STREET 319 8TH STREET WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 06172004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 02-0642594 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRUMFIELD, ALEXANDER R III DO NOT WRITE 319 8TH STREET WEST PALM BEACH, FL 33401 IN THIS SPACE 8. The above named entity submits this statement for the purpose of program its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 8, 2004 10. OFFICERS AND DIRECTORS TITLE BRUMFIELD, ALEXANDER R III NAME 3311 Commodore Ct. STREET ADDRESS 412 41ST STREET WEST PALM BEACH, FL 33407- 33411 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CtTY-ST-7P 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 accurage 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 attaching it with an address, with all other title empowered. 561 845-5137

DEFICER OR DIRECTOR

FILED