2005 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Mar 07, 2005 08:00 A **DOCUMENT # P02000090806 Secretary of State** 1. Entity Name HENRY'S THIRD AVENUE CORP. Principal Place of Business Mailing Address 3300 N 29 AVE STE 102 3300 N 29 AVE STE 102 HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 02072005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 06-1650613 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HACKER, GARY DO NOT WRITE 3300 N 29 AVE STE 102 HOLLYWOOD, FL 33020 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 ministating) DATE U00000253997 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 03/07/05-80055-020 150.00 OFFICERS AND DIRECTORS 10. D THIE GILYARD, HENRY STREET ADDRESS 3300 N 29 AVE STE 102 CITY-ST-ZIP HOLLYWOOD, FL 33020 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-Z!P TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS

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 addition with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE

STREET ADDRESS CUTY-ST-ZIP

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR