2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other

SIGNATURE:

May 03, 2005 08:00 AM Secretary of State DOCUMENT # P02000091443 1. Entity Name HANRAHAN GLOBAL ORGANIZATION, INC. Principal Place of Business Mailing Address 328 NOTTINGHAM BLVD WEST PALM BEACH FL 33405 328 NOTTINGHAM BLVD WEST PALM BEACH FL 33405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 06-1644962 Not Applicat Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HANRAHAN, MICHAEL A Street Address (P.O. Box Number is Not Acceptable) 328 NOTTINGHAM BLVD. WEST PALM BEACH FL 33405 City Zip Code 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 accethe 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 FILE NOW!!! FEE IS \$150.00 \$5.00 May 8 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THUE ☐ Delete HILE Change Addition U00000358504 NAME HANRAHAN, MICHAEL A NAME 05/04/05-80118-014 158.75 STREET ADDRESS 328 NOTTINGHAM BLVD. STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33405 CITY-ST-ZIF TITLE Delete TITLE ☐ Change Add: NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-51-70P TITLE ☐ Delete HILE Change □ ^.... NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change true □ A. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-JIP CHY-ST-ZIP THILE ☐ Delete TITLE ☐ Change Acie NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST ZIP TITLE ☐ Delete TITLE Change ___ Ar... NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-7IP 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 direction 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

like empowered.

SIGNING OFFICER OR DIRECTOR

FILED

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