


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90027 048 ***150.00

DOCUMENT # P02000097731	
1. Entity Name UNGER LOCKWOOD AND LEHRMAN, P.A.	

Principal Place of Business 1801 N PINE ISLAND RD STE 101 PLANTATION, FL 33322	Mailing Address 1801 N PINE ISLAND RD STE 101 PLANTATION, FL 33322
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40000253



2. Principal Place of Business 1801 NORTH PINE ISLAND ROAD Suite, Apt. #, etc. SUITE 103 City & State PLANTATION, FL Zip 33322 Country USA	3. Mailing Address 1801 NORTH PINE ISLAND ROAD Suite, Apt. #, etc. SUITE 103 City & State PLANTATION, FL Zip 33322 Country USA
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01062005 Chg-P CR2E034 (10/03)

4. FEI Number -22-3769208- 22-3869208	Applied For Not Applicable
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6. Name and Address of Current Registered Agent LOCKWOOD, ANDREW TWO S UNIVERSITY DR STE 312 PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1801 NORTH PINE ISLAND ROAD, SUITE 102 City PLANTATION FL Zip Code 33322
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOCKWOOD, ANDREW 1801 N PINE ISLAND RD STE 101 PLANTATION, FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1801 NORTH PINE ISLAND ROAD, SUITE 103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UNGER, KEVIN 1801 N PINE ISLAND RD STE 101 PLANTATION, FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1801 NORTH PINE ISLAND ROAD, SUITE 103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEHRMAN, SETH 1801 N PINE ISLAND RD STE 101 PLANTATION, FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1801 NORTH PINE ISLAND ROAD, SUITE 103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 address, with all other persons empowered.

SIGNATURE:  **ANDREW LOCKWOOD** 1/6/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #