2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P02000098119

Entity Name: WOOLBRIGHT 9 FLORIDA, INC.

Current Principal Place of Business:

3200 N. MILITARY TRAIL
4TH FLOOR
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

3200 N. MILITARY TRAIL
4TH FLOOR
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 90-0070945 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLTON, PETER S
505 SOUTH FLAGLER DR., STE. 1100
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: STILLER, DUANE
Address: 3200 N MILITARY TRAIL 4TH FL
City-St-Zip: BOCA RATON, FL 33431

Title: VSTD ( ) Delete
Name: FIMIANI, MICHAEL
Address: 3200 N MILITARY TRAIL 4TH FL
City-St-Zip: BOCA RATON, FL 33431

Title: V ( ) Delete
Name: BARRY, MARK
Address: 3200 N MILITARY TRAIL 4TH FL
City-St-Zip: BOCA RATON, FL 33431

Title: V ( ) Delete
Name: HOLTON, PETER S
Address: 4800 NORTH FEDERAL HWY., STE. D-108
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DUANE J STILLER DS 04/29/2005

Electronic Signature of Signing Officer or Director — Date