

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90166 023 ***150.00

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04232005 Chg-P CR2E034 (10/03)

DOCUMENT # P02000116344		
1. Entity Name THE POWELL LAW FIRM, P.A.		

Principal Place of Business 9385 BOCA RIVER CIRCLE BOCA RATON, FL 33434-3973	Mailing Address 9385 BOCA RIVER CIRCLE BOCA RATON, FL 33434-3973
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2. Principal Place of Business 209 DORSET E Suite, Apt. #, etc.	3. Mailing Address 209 DORSET E Suite, Apt. #, etc.
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City & State BOCA RATON FL	City & State BOCA RATON FL
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Zip 33434-6107	Country	Zip 33434-6107	Country
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6. Name and Address of Current Registered Agent POWELL, TYLER 9385 BOCA RIVER CIRCLE BOCA RATON, FL 33434-3973		7. Name and Address of New Registered Agent Name POWELL, TYLER Street Address (P.O. Box Number is Not Acceptable) 209 DORSET E City BOCA RATON FL Zip Code 33434-6107	
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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 Tyler Powell TYLER POWELL PRESIDENT 04/23/2005
(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 POWELL, TYLER 9385 BOCA RIVER CIRCLE BOCA RATON, FL 334343973 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P POWELL, TYLER 209 DORSET E BOCA RATON FL 33434-6107 <input checked="" 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
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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 like empowered.

SIGNATURE: Tyler Powell TYLER POWELL 04/23/2005 (561)487-3318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #