

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90048 004 ***150.00

DOCUMENT # P02000129286					
1. Entity Name BRONSON PERRY CORPORATION					
Principal Place of Business 2115-R SPRING HARBOR DRIVE DELRAY BEACH, FL 33445 US			Mailing Address 2115-R SPRING HARBOR DRIVE DELRAY BEACH, FL 33445 US		
2. Principal Place of Business 20970 VIA JASMINE Suite, Apt. #, etc. NO. 1 City & State BOCA RATON, FLORIDA Zip 33428 Country US		3. Mailing Address 20970 VIA JASMINE Suite, Apt. #, etc. NO. 1 City & State BOCA RATON, FLORIDA Zip 33428 Country US			
4. FEI Number 42-1564086				01132005 Chg-P CR2E034 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CROUSE, RICHARD S 2115-R SPRING HARBOR DRIVE DELRAY BEACH, FL 33445			7. Name and Address of New Registered Agent Name: CROUSE, RICHARD S. Street Address (P.O. Box Number is Not Acceptable) 20970 VIA JASMINE NO. 1 City: BOCA RATON FL Zip Code: 33428		
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: <u>RICHARD S. CROUSE</u> <u>[Signature]</u> DATE: <u>1-13-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROUSE, RICHARD 2115-R SPRING HARBOR DR. DELRAY BEACH, FL 33445	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CROUSE, RICHARD 20970 VIA JASMINE NO. 1 BOCA RATON, FL 33428	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PHILLIPHS, PAMELA C 8571 BOCA GLADES BLVD. WEST APT. #H BOCA RATON, FL 33434	<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
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: <u>RICHARD S. CROUSE (PRES.)</u> <u>[Signature]</u> DATE: <u>1-13-05</u> DAYTIME PHONE #: <u>561-487-3736</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					