## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Jan 27, 2005 8:00 am Secretary of State DOCUMENT # P02000135405 01-27-2005 90049 013 \*\*\*150.00 MARCY H. KAMMERMAN, P.A. Mailing Address Principal Place of Business 7777 GLADES RD., STE. 300 7777 GLADES RD., STE. 300 40007587 BOCA RATON, FL 33434 BOCA RATON, FL 33434 2. Principal Place of Business 200 East Las Oles Blud 01072005 CR2E034 (10/03) Chg-P 4. FEI Number Applied For auderdale, Fl 74-3074290 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Kammerma KAMMERMAN-MARCY H 7777 GLADES RD., STE. 300 BOCA RATON, FL 33434 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 8. The above has the obligations eaistered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change TITLE ☐ Delete TITLE ☐ Addition NAME KAMMERMAN, MARCY H NAME 200 East Las olas Blud .. STREET ADDRESS 7777 GLADES RD., STE. 300 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33434 CITY-ST-7IP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete ☐ Change Addition NAME-NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-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 director of the corporation or the relever 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 attach fight with an address, with all other like empowered.

FILED