## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000009192

FILED Apr 17, 2005 Secretary of State

Entity Name: BROADVIEW ASSOCIATES, INC.	
Current Principal Place of Business:	New Principal Place of Business:
952 SAND CREEK DR MELBOURNE, FL 32934	545 DESOTO PARKWAY INDIAN HARBOUR BEACH, FL 32937
Current Mailing Address:	New Mailing Address:
952 SAND CREEK DR MELBOURNE, FL 32934	545 DESOTO PARKWAY INDIAN HARBOUR BEACH, FL 32937
FEI Number: 47-0906611 FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
GIBERTONI, JOSEPH 952 SAND CREEK DR MELBOURNE, FL 32934 US	
The above named entity submits this statement for the pin the State of Florida.	ourpose of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Registered Age	ent Date
Election Campaign Financing Trust Fund Contribution ( ).	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
T''	THE DDEC (V) Observe ( ) Addition

( ) Delete Title: Title: **PRES** (X) Change ( ) Addition GIBERTONI, JOSEPH F GIBERTONI, JOSEPH F Name: Name: 952 SAND CREEK DR 952 SAND CREEK DR Address: Address: City-St-Zip: MELBOURNE, FL 32934 City-St-Zip: MELBOURNE, FL 32934 Title: () Delete Title: CO-P (X) Change ( ) Addition WOOD, RONALD LEWIS ROY, JOSEPH R Name: Name: Address: 952 SANDCREEK DRIVE Address: 545 DESOTO PARKWAY City-St-Zip:

MELBOURNE, FL 32934 INDIAN HARBOUR BEACH, FL 32937 City-St-Zip:

Title: Title: ( ) Delete SECR ( ) Change (X) Addition

Name: Name: ROY, BARBARA L Address Address: 545 DESOTO PARKWAY

City-St-Zip: City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

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: JOSEPH ROY CO-P 04/17/2005