


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 03, 2004 8:00 am**  
**Secretary of State**

09-03-2004 90001 017 \*\*\*150.00

<b>DOCUMENT # P03000019062</b>	
1. Entity Name <b>WATERFRONT RESTORATION, INC.</b>	

Principal Place of Business <b>9858 GLADES RD #121 BOCA RATON, FL 33434</b>	Mailing Address <b>9858 GLADES RD #121 BOCA RATON, FL 33434</b>
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**04071304**

2. Principal Place of Business <b>13340 86th ROAD NORTH</b>	3. Mailing Address <b>13340 86th ROAD NORTH</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



08232004 Chg-P CR2E034 (10/03)

City & State <b>WEST PALM BEACH, FLORIDA</b>	City & State <b>WEST PALM BEACH, FLORIDA</b>
Zip <b>33412</b>	Country <b>PALM BEACH</b>
Zip <b>33412</b>	Country <b>PALM BEACH</b>

4. FEI Number <b>20-1540992</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

6. Name and Address of Current Registered Agent <b>GALLO, JAMES 9858 GLADES RD #121 BOCA RATON, FL 33434</b>	
7. Name and Address of New Registered Agent Name <b>JAMES V GALLO</b> Street Address (P.O. Box Number is Not Acceptable) <b>13340 86th ROAD NORTH</b> City <b>WEST PALM BEACH</b> <b>FL</b> Zip Code <b>33412</b>	

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 **JAMES V GALLO** *[Signature]* **9/1/04**  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>D/P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GALLO, JAMES V</b>		NAME <b>JAMES V GALLO</b>	
STREET ADDRESS <b>9858 GLADES RD #121</b>		STREET ADDRESS <b>13340 86th ROAD NORTH</b>	
CITY-ST-ZIP <b>BOCA RATON, FL 33434</b>		CITY-ST-ZIP <b>WEST PALM BEACH, FLORIDA 33412</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: **JAMES V. GALLO** *[Signature]* **PRESIDENT** **9/1/04** **561-441-4272**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR