2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000048998

Name: Address:

City-St-Zip:

Entity Name: ENCORE DEVELOPMENT OF NORTH AMERICA, INC.

FILED Mar 26, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1200 RIVERPLACE BLVD SUITE 902 5210 BELFORT RD. JACKSONVILLE, FL 32207 SUITE 300 JACKSONVILLE, FL 32256 **Current Mailing Address:** New Mailing Address: 1200 RIVERPLACE BLVD SUITE 902 5210 BELFORT RD. JACKSONVILLE, FL 32207 SUITE 300 JACKSONVILLE, FL 32256 FEI Number: 01-0782041 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: INTRASTATE REGISTERED AGENT CORPORATION KIRWAN, MICHAEL B 701 BRICKELL AVENUE SUITE 3000 5210 BELFORT RD. MIAMI, FL 33131 US SUITE 300 JACKSONVILLE, FL 32256 US 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. SIGNATURE: MICHAEL KIRWAN 03/26/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition CAHOON, ARTHUR L Name: Name: 1200 RIVERPLACE BLVD SUITE 902 Address: Address: City-St-Zip: JACKSONVILLE, FL 32207 City-St-Zip: Title: Title: () Delete () Change () Addition Name: HUDSON, ASHTON L Name: 1200 RIVERPLACE BLVD SUITE 902 Address: Address: JACKSONVILLE, FL 32207 City-St-Zip: City-St-Zip: Title: Title: () Delete PRES () Change (X) Addition MCCORMICK, LESLEY Name: Name: 5210 BELFORT RD., SUITE 300 Address Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32256 Title: () Delete Title: **EVP** () Change (X) Addition

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.

Name:

Address:

City-St-Zip:

KIRWAN, MICHAEL B

5210 BELFORT RD., SUITE 300

JACKSONVILLE, FL 32256

SIGNATURE: MICHAEL KIRWAN EVP 03/26/2004