2005 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 22, 2005 8:00 am Secretary of State **ANNUAL REPORT** 04-22-2005 90290 032 ***150.00 DOCUMENT # P03000053021 1. Entity Name J.E. O'BRIEN GROUP INC 20042269 Principal Place of Business Mailing Address 6508-STONEHURST CIRCLE 6508 STONEHURST CIRCLE LAKE WORTH, FL-33467 LAKE WORTH, FL 33467 2. Principal Place of Business 665 Forest At 11 Blvd. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182005 CR2E034 (10/03) Chg-P Suite 211 Applied For City & State City & State 4. FEI Number FL Greenacres 75-3114940 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired U8A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOHN PORTER ACCOUNTING INC Street Address (P.O. Box Number is Not Acceptable) 1403 W. BOYNTON BEACH BLVD. BOYNTON BEACH, FL 33426 City Zip Code 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 ___ rs, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE Delete mr P Change signes E. OBrien Blod, suite 211 O'BRIEN, JAMES E NAME NAME 6508 STONEHURST CIRCLE STREET ADDRESS STREET ADDRESS LAKE WORTH, FL 33467 CITY-ST-ZIP CITY-ST-ZIP GREENACTES 33413 TITLE ☐ Deteile Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Change ☐ Addition NAME NAME STREET_ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE Delate: ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TiTLE NAME NAME STREET ADDRESS STREET ADDRESS CMY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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 of 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 attaching the with an address, with all other like empowered.

FILED