2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-17-2004 90020 002 ***150.00

66403603

01082004 Chg-P CR2E034 (10/03)

DOCUMENT # P03000073279

1. Entity Name
PHASE ONE-DRP DEVELOPMENT, INC.

Principal Place of Business
3998 FAU BLVD #307
BOCA RATON, FL 33431

Mailing Address
3998 FAU BLVD #307
BOCA RATON, FL 33431

2. Principal Place of Business
3701 FAU Boulevard, Suite 205
Boca Raton, FL 33431

3. Mailing Address
3701 FAU Boulevard, Suite 205
Boca Raton, FL 33431

4. FEI Number 20-0086047 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MACLAREN, LINDA O
798 S FEDERAL HWY STE 100
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent
Name Thomas A. Head
3701 FAU Boulevard, Suite 205
Boca Raton, FL 33431
Zip Code

8. The above named entity submits this statement for the purpose of changing its registered o[illegible] niliar with, and accept the obligations of registered agent.

SIGNATURE [signature] Thomas A. Head 1/26/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition Thomas A. Head 3701 FAU Boulevard, Suite 205 Boca Raton, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] Thomas A. Head 1/26/04 561-347-6915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #