

## FILED Feb 27, 2004 8:00 am Secretary of State 02-17-2004 90020 001 \*\*\*150.00

_	PHASE TWO-DRP DE	VELOPMEN	T, INC.			
-	Principal Place of Business		Mailing Address			
	3998 FAU BLVD., #307		3998 FAU BLVD., #30		66403601	
•	BOCA RATON, FL. 33431		BOCA RATON, FL 3343			-
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	2. Principal Place of Business		3. Mailing Address			
1704-	FAU Boulevard, Su	いっついる初			205	
		116 203	3701 FAU Boul	evara, Suite	203 01082004 Chg-P CR2E034 (10/03)	
SOCH	Raton, FL 33431	-	Boca Raton, FL	33431	FEI Number     Applied For	
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		•	•		5. Certificate of Status Desired	
	6. Name and /	Address of Curre	nt Registered Agent	<del></del>	7. Name and Address of New Registered Agent	$\dashv$
				Name -		7
	MACLAREN, LINDA O	140/OTE	<u></u>	Street,Ade	Monds H. Head	=
	··798'SOUTH:FEDERAL"H   BOCA RATON, FL 3343		U <sup>-</sup>		· <u> </u>	
		$^{-}$ $_{\prime}$ $^{\prime}$		3701	FAU Boulevard, Suite 205()	
	1: <del>/</del> 1				Raton, FL 33431 Zip Code	7
	8. The share period actify rules	rite this statement	for the number of changing its		registered agent, or both, in the State of Florida. I am familiar with, and acce	
	the obligations of registered a		Tot the purpose of changing its	registered office of re	egistared agent, or pour, in the state of Florida. Than lamillar with, and acce	Pt
	SIGNATURE		•	The	mas A. Head 1/26/04	
	Signature, typed or printe	gs benefager to eman to	ent and title if applicable. (NOTE	: Registered Agant signature	e required when reinstating) DATE	
. نق	FILE NOWILL FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.					
	.10.	OFFICERS AN	ID DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	$\dashv$
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		mation supplied v	with this filling does not quality for	r the exemption state	ed in Section 119.07(3)(i), Florida Statutes. Hurther certify that the information	<u>,                                    </u>
		rmation supplied v upplemental report aiver or trustee en	with this filling does not quality for it is true and accurate and that in provered to Assoute this report	r the exemption state ny signature shall hav as required by Chan	ed in Section 119.07(3)(i), Florida Statutes, I further certify that the information tive the same legal effect as if made under oath; that I am an officer or director ter 607. Florida Statutes; and that my name appears in Block 10 or Block 11	ı ж if
		rmation supplied v upplemental report siver or trustee en ent withen addres	with this fitting does not qualify to it is true and accurate and that in inpowered to execute this report is, with all of ter like empowered	r the exemption state my signature shall hav as required by Chap	ed in Section 119.07(3)(i), Florida Statutes. I further certify that the information we the same legal effect as if made under oath; that I am an officer or directorer 607, Florida Statutes; and that my name appears in Block 10 or Block 11	и ж if