FILED
Feb 27, 2004 8:00 am
Secretary of State
02-17-2004 90021 050 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000073335

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

Principal Place of Business	Mailing Address
3998 FAU BOULEVARD, #307 BOCA RATON, FL 33431	3998 FAU BOULEVARD, #307 BOCA RATON, FL 33431

66403602

01082004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3701 FAU Boulevard, Suite 205 Boca Raton, FL 33431	3701 FAU Boulevard, Suite 205 Boca Raton, FL 33431

4. FEI Number 20-0086091 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MACLAREN, LINDA O 798 SOUTH FEDERAL HIGHWAY SUITE 100 BOCA RATON, FL 33432	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 ... familiar with, and accept the obligations of registered agent.

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 D NAME Thomas A. Head STREET ADDRESS 3701 FAU Boulevard, Suite 205 CITY-ST-ZIP Boca Raton, FL 33431	☐ Change ☒ Addition
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: Thomas A. Head 1/26/04 561-347-6915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #