

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000080159

Entity Name: SNOWDON ASSOCIATES, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

1530 CYPRESS DRIVE
SUITE B
JUPITER, FL 33469 US

New Principal Place of Business:

8491 S. FEDERAL HIGHWAY
PORT ST. LUCIE, FL 34952 US

Current Mailing Address:

1530 CYPRESS DRIVE
SUITE B
JUPITER, FL 33469 US

New Mailing Address:

8491 S. FEDERAL HIGHWAY
PORT ST. LUCIE, FL 34952 US

FEI Number: 01-0792126

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURK, JAMES E
1530 CYPRESS DRIVE
SUITE B
JUPITER, FL 33469 US

Name and Address of New Registered Agent:

BURK, JAMES E
8491 S. FEDERAL HIGHWAY
PORT ST. LUCIE, FL 34952 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: JAMES E BURK

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BURK, ROBIN J
Address: 1530 CYPRESS DRIVE; SUITE B
City-St-Zip: JUPITER, FL 33469 US

Title: TS () Delete
Name: BURK, JAMES E
Address: 1530 CYPRESS DRIVE; SUITE B
City-St-Zip: JUPITER, FL 33469 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BURK, ROBIN J
Address: 8491 S. FEDERAL HIGHWAY
City-St-Zip: PORT ST. LUCIE, FL 34952 US

Title: TS (X) Change () Addition
Name: BURK, JAMES E
Address: 8491 S. FEDERAL HIGHWAY
City-St-Zip: PORT ST. LUCIE, FL 34952 US

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.

SIGNATURE: JAMES E BURK

TS

04/29/2005

Electronic Signature of Signing Officer or Director

Date