FILED 2005 FOR PROFIT CORPORATION Jan 21, 2005 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P03000082211** 1. Entity Name PENINSULA CORPORATE HOLDINGS, INC. Mailing Address Principal Place of Business 7700 CONGRESS AVENUE 7700 CONGRESS AVENUE **SUITE 3100** SUITE 3100 BOCA RATON, FL 33487 BOCA RATON, FL 33487 01122005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0227055 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FELUREN, MARK S DO NOT WRITE 2200 N. COMMERCE PARKWAY SUITE 202 IN THIS SPACE WESTON, FL 33326 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. Signature, typed or printed name of registered agent and site if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE DANBURG, JAMIE A NAME U00000187746 7700 CONGRESS AVENUE SUITE 3100 STREET ADDRESS 01/24/05-80028-006 150.00 BOCA RATON, FL 33487 CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 supplier prail 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 part liste 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 appears in Block 10 or Block 11 if

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0113/05 56

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