2005 FOR PROFIT CORPORATION

Jun 02, 2005 8:00 am Secretary of State **ANNUAL REPORT** 06-02-2005 90002 001 ***550.00 DOCUMENT # P03000101768 FIRST COMMITTEE FUNDING GROUP INC. Principal Place of Business Mailing Address 50053250 4512 N. UNIVERSITY DR. 4512 N. UNIVERSITY DR. LAUDERHILL, FL 33351 LAUDERHILL, FL 33351 2. Principal Place of Busines Mailing Address 3825 Wa Suite, Apt. #, etc. 05242005 Chg-P CR2E034 (10/03) 4. FEI Number Applied For 13-4265746 Not Applicable zw 3302 l Broward \$8.75 Additional 5. Certificate of Status Desired \Box Brown ard Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MATHIEU, REGINALD Street Address (P.O. Box Number is Not Acceptable) 8177 SEVERN DR BOCA RATON, FL 33433 Zip Code 3302/ FL 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. 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE Delete TITLE Change ■ Addition NAME NAME 8177 SEVERN DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON: FL 33433 CITY-ST-ZIP ☐ Change ☐ Addition NAME GREEN NAME STREET ADDRESS STREET ADDRESS MIAMU FL 33055 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Mathieu, Reginald TITLE ☐ Change ☐ Addition NAME washington st. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change

FILED

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 954-318-2221

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS