

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Jul 15, 2005 8:00 am
Secretary of State

07-15-2005 90021 034 ***150.00

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07082005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000139956 1. Entity Name BRANDENBURG & ASSOCIATES, P.A.					
Principal Place of Business 11780 U.S. HIGHWAY ONE SUITE 300 N PALM BCH, FL 33408			Mailing Address 11780 U.S. HIGHWAY ONE SUITE 300 N PALM BCH, FL 33408		
2. Principal Place of Business 660 U.S. Hwy One Suite, Apt. #, etc. Third Floor		3. Mailing Address 660 U.S. Hwy. One Suite, Apt. #, etc. Third Floor		4. FEI Number 20-0436688 Applied For <input type="checkbox"/> Not Applicable	
City & State North Palm Beach, FL		City & State North Palm Beach, FL			
Zip 33408		Country USA			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zio Code	
6. Name and Address of Current Registered Agent CHERRY, RICHARD G 4400 PGA BLVD STE 900 PALM BCH GARDENS, FL 33410					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-statuting)</small>					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRANDENBURG, GARY M 11780 U.S. HIGHWAY ONE, SUITE 300 N PALM BCH, FL 33408		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ Date: 7/11/05					