2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000098536

Entity Name: FCC CALIFORNIA CAPITAL CORPORATION

FILED Apr 27, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 515 N FLAGLER DR STE 700 515 N FLAGLER DRIVE W PALM BCH, FL 33401 STE 700 WEST PALM BEACH, FL 33401 **Current Mailing Address: New Mailing Address:** 515 N FLAGLER DR STE 700 515 N FLAGLER DRIVE W PALM BCH, FL 33401 STE 700 WEST PALM BEACH, FL 33401 FEI Number: 20-2189905 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: NRAI SERVICES, INC SUNSHINE, MARK A 2731 EXECUTIVE PARK DRIVE 515 N. FLAGLER DRIVE SUITE 4 SUITE 700 WESTON, FL 33331 US WEST PALM BEACH, FL 33401 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: MARK A. SUNSHINE 04/27/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: **PRFS** () Change (X) Addition KIEFER, JOHN W Name: Name: 515 N. FLAGLER DRIVE, STE 700 Address: Address: City-St-Zip: City-St-Zip: WEST PALM BEACH, FL 33401 Title: Title: () Change (X) Addition () Delete Name: Name: SUNSHINE, MARK A 515 N. FLAGLER DRIVE, STE 700 Address Address: WEST PALM BEACH, FL 33401 City-St-Zip: City-St-Zip: Title: () Change (X) Addition Title: () Delete SVP HOGARD, MARK Name: Name: 515 N. FLAGLER DRIVE, STE 700 Address Address: City-St-Zip: City-St-Zip: WEST PALM BEACH, FL 33401 Title: () Delete Title: SVP () Change (X) Addition GREENHUT, MIRIAM Name: Name: Address: Address: 515 N. FLAGLER DRIVE, STE 700 City-St-Zip: City-St-Zip: WEST PALM BEACH, FL 33401

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: MARK A. SUNSHINE MGR 04/27/2005