
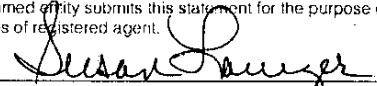
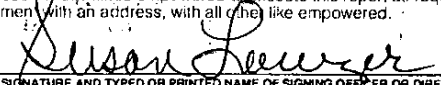


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90159 044 ***150.00

DOCUMENT # P04000124445 1. Entity Name FS LAWYER, INC.					
Principal Place of Business 800 SE 4TH STREET SUITE 105 FT. LAUDERDALE, FL 33301			Mailing Address 800 SE 4TH STREET SUITE 105 FT. LAUDERDALE, FL 33301		
2. Principal Place of Business 800 SE 4th St #105 Suite, Apt. #, etc.		3. Mailing Address same Suite, Apt. #, etc.			
City & State Ft. Lauderdale, FL Zip 33301		City & State Ft. Lauderdale, FL Zip 33301		4. FEI Number 20-1265783 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAWYER, SUSAN 800 SE 4TH STREET SUITE 105 FT. LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent Name Susan Lawyer Street Address (P.O. Box Number is Not Acceptable) 800 SE 4th St. #105 City Ft. Lauderdale FL Zip Code 33301		
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  DATE 4-5-05 <small>Signature, typed or printed name of registered agent and fee (if applicable). (NOTE: Registered Agent signature required when reinstating.)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME LAWYER, SUSAN STREET ADDRESS 800 SE 4TH STREET SUITE 105 CITY-ST-ZIP FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME LAWYER, LINDA STREET ADDRESS 1255 N. STATE PKY. CITY-ST-ZIP CHICAGO, IL 60610	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<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 04-05-05 Daytime Phone # 502-435-3843		