2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000149218

Entity Name: FLORIDA CIRCLE REAL ESTATE CORP

FILED Apr 12, 2005 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business:	New Principal Place of Business

4400 NORTH FEDERAL HIGHWAY
SUITE 21048
BOCA RATON, FL 33431 US

20001 BOCA WEST DRIVE
C/O MICHAEL ACKERMAN
BOCA RATON, FL 33434 US

Current Mailing Address: New Mailing Address:

4400 NORTH FEDERAL HIGHWAY
SUITE 21048
BOCA RATON, FL 33431 US

20001 BOCA WEST DRIVE
C/O MICHAEL ACKERMAN
BOCA RATON, FL 33434 US

FEI Number: 20-1818087 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WOLFF, ROSLYN
4752 NW 59TH MNR
COCONUT CREEK, FL 33073 US
WOLFF, ROSLYN
47 52 NW 59TH MNR
COCONUT CREEK, FL 33073 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: ROSLY WOLFF 04/12/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 MICHAEL, ACKERMAN
 Name:
 MICHAEL, ACKERMAN

 Address:
 4400 NORTH FEDERAL HIGHWAY
 Address:
 20001 BOCA WEST DRIVE

 City-St-Zip:
 BOCA RATON, FL 33431 US
 City-St-Zip:
 BOCA RATON, FL 33434 US

Title: () Delete Title: VP () Change (X) Addition

 Name:
 Name:
 WOLFF, ROSLYN

 Address:
 Address:
 47 52 NW 59TH MNR

 City-St-Zip:
 City-St-Zip:
 COCONUT CREEK, FL 33073 US

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: ROSLYN WOLFF VP 04/12/2005