
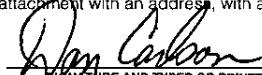


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90030 035 \*\*\*150.00

<b>DOCUMENT # P15083</b>					
1. Entity Name <b>LEGEND ADVISORY CORPORATION</b>					
Principal Place of Business <b>4600 E PARK DRIVE SUITE 300 WEST PALM BEACH, FL 33410</b>			Mailing Address <b>3920 RCA BLVD #2004 PALM BEACH GARDENS, FL 33410</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>13-2935555</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>SPINELLO, MARK J. 3920 RCA BLVD. SUITE 2004 PALM BEACH GARDENS, FL 33410</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		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	PD	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPINELLO, MARK		NAME	Michael D. Strohm	
STREET ADDRESS	3920 RCA BLVD., STE 2004		STREET ADDRESS	3920 RCA Blvd., Suite 2004	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	VTD	<input type="checkbox"/> Delete	TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRIS, GLEN T		NAME	Ferris, Glenn T.	
STREET ADDRESS	3920 RCA BLVD., STE 2004		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLSON, DANIEL W		NAME		
STREET ADDRESS	3920 RCA BLVD., STE 2004		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEHROTRA, SHASHI		NAME		
STREET ADDRESS	3920 RCA BLVD., STE 2004		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTCH, THOMAS W		NAME		
STREET ADDRESS	6300 LAMAR AVENUE		STREET ADDRESS		
CITY-ST-ZIP	SHAWNEE MISSION, KS 66202		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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: 		Daniel W. Carlson		561/694-0110	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	