

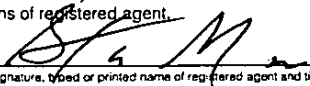
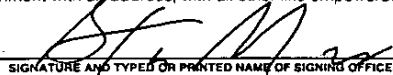


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90298 007 \*\*\*150.00

<b>DOCUMENT # P32089</b> 1. Entity Name <b>POLEN CAPITAL MANAGEMENT, INC.</b>					
Principal Place of Business <b>2700 N. MILITARY TRAIL., STE 230 BOCA RATON, FL 33431 US</b>			Mailing Address <b>2700 N. MILITARY TRAIL., STE 230 SUITE 303 BOCA RATON, FL 33431 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>2700 N. MILITARY TRAIL</b> <b>SUITE 230</b>			
City & State <b>BOCA RATON, FL</b>		City & State <b>BOCA RATON, FL</b>		4. FEI Number <b>13-2984374</b>	
Zip <b>33431</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>POLEN, DAVID M. 7134 MELROSE CASTLE LANE BOCA RATON, FL 33496</b>				7. Name and Address of New Registered Agent Name <b>STAN C. MOSS</b> Street Address (P.O. Box Number is Not Acceptable) <b>2700 N. MILITARY TRAIL</b> <b>SUITE 230</b> City <b>BOCA RATON</b> <b>FL</b> Zip Code <b>33431</b>	
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 <b>4/15/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POLEN, DAVID M. 7134 MELROSE CASTLE LANE BOCA RATON, FL 33496	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POLEN, DAVID M. 2700 N. MILITARY TRAIL #230 BOCA RATON, FL 33431
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MOSS, STAN C 2914 BANYAN BLVD. CIR. NW BOCA RATON, FL 33431	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO AND CFO MOSS, STAN C 2700 N. MILITARY TRAIL #230 BOCA RATON, FL 33431
		<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 <b>4/15/05</b> Daytime Phone # <b>561-241-2425</b>		