2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 17, 2005 08:00 AM Secretary of State DOCUMENT # P92000012237 PIGNATO & UNDERWOOD, C.P.A., PA Principal Place of Business... __Mailing Address 101 S.E. 6TH AVENUE 101 S.E. 6TH AVENUE SUITE A SUITE A DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 CR2E034 (10/03) 02042005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0371621 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent UNDERWOOD, MARY ALICE DO NOT WRITE 101 S.E. 6TH AVE. SUITE A IN THIS SPACE DELRAY BEACH, FL 33483 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. Signature, typed or printed name of registered agont and title if applicable, (NOTE: Registered Agent signature required when reinslating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. to. OFFICERS AND DIRECTORS TITLE 11000000233210 NAME PIGNATO, JAMES V 02/17/US-80033-U13 150.DD STREET ADDRESS 101 S.E. 6TH AVE., SUITE A CITY-ST-ZIP DELRAY BEACH, FL 33483 TITLE ST UNDERWOOD, MARY ALICE NAME STREET ADDRESS 101 S.E. 6TH AVE., SUITE A DELRAY BEACH, FL 33483 CITY-ST-7IP TITLE NAME

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: \

STREET ADDRESS

CITY-ST-ZIP

DILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE

IN THIS SPACE

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