


04-21-2005 90250 013 \*\*\*150.00

<b>DOCUMENT # P93000028119</b>				<b>Secretary of State</b>	
1. Entity Name <b>DAVID A. MCKIBBIN, P.A.</b>		04-21-2005 90250 013 ***150.00			
Principal Place of Business <b>901 GEORGE BUSH BLVD. DELRAY BEACH, FL 33483 US</b>		Mailing Address <b>901 GEORGE BUSH BLVD. DELRAY BEACH, FL 33483 US</b>			
2. Principal Place of Business <b>2875 South Ocean Blvd. Suite, Apt. #, etc. Suite 200 City &amp; State Palm Beach FL Zip 33480</b>		3. Mailing Address <b>2875 South Ocean Blvd. Suite, Apt. #, etc. Suite 200 City &amp; State Palm Beach FL Zip 33480</b>		4. FEI Number <b>65-0458685</b>	
Country <b>USA</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>MCKIBBIN, DAVID A 901 GEORGE BUSH BLVD. DELRAY BEACH, FL 33483</b>		7. Name and Address of New Registered Agent <b>David A. McKibbin 2875 South Ocean Blvd, Suite 200 Palm Beach FL 33480</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 <u>David A. McKibbin</u> DATE <u>4-18-05</u> <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 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution.		<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	DP MCKIBBIN, DAVID A 1388 LANDS END RD. HYPOLUXO BEACH, FL 33463	<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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> 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: <u>David A. McKibbin</u> President DATE <u>4-18-05</u> 5476604 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					