2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Apr 13, 2005 08:00 AM Secretary of State

DOCUN 1. Entity Name ALAN J. F		00			ecretary	of State
Principal Place 2255 GLADE STE 324 BOCA RATON	S RD	tailing Address 2255 GLADES RD STE 324 BOCA RATON, FL 33431 U	S.			
D	O NOT WRITE I		CE		Chg-P CR2	E034 (10/03) Applied For Nor Applicable \$8.75 Additional Fee Required
FOX, ALAN J 2255 GLADES RD STE 324 BOCA RATON, FL 33431 FOX, ALAN J DO NOT WRITE IN THIS SPACE						
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. 1 am familiar with, and accept the obligations of college agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of college agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of college agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of college agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of college agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of college agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of college agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of college agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of college agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of college agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of college agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of college agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of college agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of college agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of college agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of college agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of college agent, or both accept the obligations of college agent, and accept the obligations of college agent, or both accept the obligations of college agent, and accept the obligations of college agent, and accept the obligations of college agent, and accept						
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE PSTD FOX, ALAN J 2255 GLADES RD, STE 324 BOCA RATON, FL 33431	ECTORS [
name Street Address City-St-Zip					Ugodočića 02 713705-8000	114 37-009 150.00
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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 to \$30, enpowered 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.						