

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90021 044 \*\*\*150.00

<b>DOCUMENT # P93000043985</b>					
<b>1. Entity Name</b> <b>DAVID PEARSON ASSOCIATES, INCORPORATED</b>					
<b>Principal Place of Business</b> 1320 S DIXIE HWY SUITE 1100-220 CORAL GABLES, FL 33146 US			<b>Mailing Address</b> 1320 S DIXIE HWY SUITE 1100-220 CORAL GABLES, FL 33146 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04012005    Chg-P    CR2E034 (10/03)	
<b>4. FEI Number</b> <b>65-0418472</b>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
PEARSON, DAVID 1320 S DIXIE HWY. SUITE 1100-220 CORAL GABLES, FL 33146			Name Street Address (P.O. Box Number is Not Acceptable) 1320 S. Dixie Hwy - Suite 220 Coral Gables <b>FL</b> Zip Code <b>33146</b>		
<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.</b> SIGNATURE:     DATE: <u>3/17/05</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</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> PEARSON, DAVID 220 1320 S DIXIE HWY #1100 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1320 S. Dixie Hwy # 220 Coral Gables, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> PEARSON, CHRISTOPHER 1320 S DIXIE HWY #1100-220 CORAL GABLES, FL 33146 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1320 S. Dixie Hwy # 220 Coral Gables, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> PEARSON, ANNE B 1320 S DIXIE HWY #1100-220 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1320 S. Dixie Hwy # 220 Coral Gables, FL 33134	
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	
<b>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.</b>					
<b>SIGNATURE:</b>			Date: <u>3/15/05</u> Daytime Phone #: <u>305/661-2009</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					