2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 14, 2005 8:00 am Secretary of State

1. Entity Name LIBERTY FINANCIAL ASSOCIATES, INC.								03-14-2003	5 90119 ()30 ***150	0.00	
Principal Place 7052 BERACI BOCA RATON	ashway		Mailing Address 7062 BERACASH WAY BOCA RATON PL 33432					50	026461	 [
2. Principal Pl SYD9 N Suite, Apt.	3. Mailing Address 8409 J.) Suite, Apt. #, etc.	Military Tear L			03102005	Chg-P	CBSE	034 (10/03)				
Ste 115			Ste 115 City & State				4. FEI Numbe	er .		Ap	plied For	
Zip Country 33410 USA			Palm Beach G	ntry 5 Ar		65-045 5. Certificate	7680 of Status Desired		\$8.75 Add			
		and Address of Current i			Name		7. Name and	Address of New	Registered	<u></u>	-	
KLEIN, WARREN 5550 WITNEY DRIVE						Street Address (P.O. Box Number is Not Acceptable)						
#306 DELRAY BEACH, FL 33484						-						
		,	-		City				FI	L Zip Code	э	
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 agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees												
10.		OFFICERS AND		11.			ADDITIONS	CHANGES TO O	FFICERS AN			
TITLE NAME	PD KLEIN, DA	_	Delete	TITL		દ્રા	ina il	asit	ݮ.	Change	Addition	
STREET ADDRESS CITY-ST-ZIP	~	VACASH WAY TON, FL 33432			eet address (-st-zip	Ps.	4 head	Militory	TR.	21E	115	
TITLE	VTD		☐ Delete	TITL		10-4,	T Dive	- Joypane	7	Change	☐ Addition	
name Street address	KLEIN, W 7062 BER	ARREN ACASH WAY		NAM Stre	AE EET ADDRESS	84	09 N.	Military	TR.	STE /	15	
CITY-ST-ZIP	BOCA ₍ RX	TON, FL 33432		CITY			In bead	Gordens	FL.	33413	>	
TITLE ~	VD KLEIN, PI	HYLLIS	☐ Delete	TITL					 	Change .	Addition	
STREET ADDRESS	7062 BEF	ACASH WAY		STR	EET ADDRESS (-ST-ZIP	841	09 N. M	liktory 1	k. 5	TE 1/5		
CITY-ST-ZIP TITLE	LAKE JAG	RIH, FL 33402	☐ Delete	TITL		[a]	M Beach	berdens,	<i>FL.</i>	334/c	Addition	
NAME			_	NAM	AE EET ADDRESS					- -	·	
STREET ADDRESS CITY-ST-ZIP					(-ST-ZIP							
TITLE	-		☐ Delete	TITU						☐ Change	Addition	
NAME Street adoress		· ·		STRE	EET ADDRESS							
CITY-ST-ZIP				-	r-ST-ZIP						T a satura	
TITLE NAME			Delete ·	TITL NAM						☐ Change	☐ Addition	
STREET ADDRESS			-		eet address (-st-zip							
CITY-ST-ZIP	certify that the	e information supplied with	this filing does not qualify fo	r the exe	emption stat	ted in Se	ction 119.07(3)	(i), Florida Statute	s. I further o	ertify that the ir	nformation	
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.												