2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 29, 2004 8:00 am DOCUMENT # P94000043379 **Secretary of State** 1. Entity Name 03-29-2004 90048 006 ***150.00 FIRST CLASS REUNIONS CONSULTING, INC. Principal Place of Business Mailing Address 5440 N.W. 33RD AVE., SUITE 103 FT. LAUDERDALE FL 33309 5440 N.W. 33RD AVE., SUITE 103 FT. LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing A 7040 WEST PALMETO PARK RD 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0496498 BOCA PA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired PALLU BEACH Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATE CREATIONS ENTERPRISES INC. Street Address (P.O. Box Number is Not Acceptable) 4521 PGA BLVD., SUITE 211 PALM BEACH GARDENS FL 33418 Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITI F Change Addition WARD, MICHAEL R NAME NAME 7040 W PACINETO PARK & D. #4-304 STREET ADDRESS 5440 N.W. 33RD AVE., SUITE 103 STREET ADDRESS FT. LAUDERDALE FL 33309 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FC 33433. Change ☐ Delete TITLE ☐ Addition WARD, KATHRYN J NAME 7040 W PACMENTO PARK ED \$4-301 5440 N.W. 33RD AVE., SUITE 103 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33309 CITY-ST-ZIP BOUR PATION 33433 TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 of 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:

NO TWEET OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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FILED