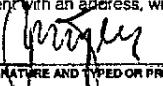


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000060612 1. Entity Name LEGAL MANAGEMENT SERVICES, OF SOUTH FLORIDA, INC.			
Principal Place of Business 639 E. OCEAN AVE. SUITE 208 BOYNTON BEACH, FL 33435 US		Mailing Address 639 E. OCEAN AVE. SUITE 208 BOYNTON BEACH, FL 33435 US	
DO NOT WRITE IN THIS SPACE			
		 01052005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0553651	
		☐ Applied For ☐ Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KELLY, STEPHEN M 639 E. OCEAN AVE. SUITE 100 208 BOYNTON BEACH, FL 33435		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. I am familiar with, and accept the obligations of registered agent			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		U000000189706 01/24/05-80107-003 150.00 DO NOT WRITE IN THIS SPACE	
TITLE	D		
NAME	KELLY, STEPHEN M		
STREET ADDRESS	639 E OCEAN AVE, STE #208		
CITY-ST-ZIP	BOYNTON BEACH, FL 33435		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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TITLE			
NAME			
STREET ADDRESS			
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)(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 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:  Stephen Kelly, PRES. 1-17-05 561 737-100 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			