

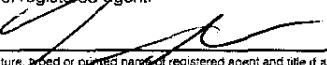



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90200 039 \*\*\*150.00

<b>DOCUMENT # P94000088149</b> 1. Entity Name <b>HALLEY &amp; HALLEY, P.A.</b>					
Principal Place of Business <b>240 CRANDON BLVD STE 283 KEY BISCAYNE, FL 33149</b>			Mailing Address <b>240 CRANDON BLVD STE 283 KEY BISCAYNE, FL 33149</b>		
2. Principal Place of Business <b>328 CRANDON BLVD</b> Suite, Apt. #, etc. <b>STE. 224-225</b>		3. Mailing Address <b>328 CRANDON BLVD</b> Suite, Apt. #, etc. <b>STE. 224-225</b>			
City & State <b>KEY BISCAYNE, FL</b> Zip <b>33149</b>		City & State <b>KEY BISCAYNE, FL</b> Zip <b>33149</b>		4. FEI Number <b>65-0548973</b>	
Country <b>USA</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04262004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>HALLEY, THOMAS 240 CRANDON BLVD STE 283 KEY BISCAYNE, FL 33149</b>			7. Name and Address of New Registered Agent Name <b>SAME</b> Street Address (P.O. Box Number is Not Acceptable) <b>328 CRANDON BLVD</b> <b>STE. 224-225</b> City <b>KEY BISCAYNE</b> <b>FL</b> Zip Code <b>33149</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. SIGNATURE  <b>THOMAS V. HALLEY</b> DATE <b>4/26/04</b> <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 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS <b>HALLEY, THOMAS V</b> <input checked="" type="checkbox"/> Delete <b>240 CRANDON BLVD STE 283</b> <b>KEY BISCAYNE, FL 33149</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>HALLEY, THOMAS V.</b> <b>328 CRANDON BLVD. STE 224-225</b> <b>KEY BISCAYNE, FL 33149</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS <input checked="" type="checkbox"/> Delete <del><b>HALLEY, THOMAS V.</b></del> <del><b>328 CRANDON BLVD. STE 224-225</b></del> <del><b>KEY BISCAYNE, FL 33149</b></del>		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	
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	
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.					
SIGNATURE:  <b>THOMAS V. HALLEY</b> DATE <b>4/26/04</b> DAYTIME PHONE # <b>305-361 3612</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					