2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 28, 2005 8:00 am Secretary of State 01-28-2005 90026 032 ***150.00 **DOCUMENT # P95000023269** 1. Entity Name THE SZYMONIAK FIRM, P.A. Mailing Address Principal Place of Business THE SZYMONIAK FIRM, P.A. THE SZYMONIAK FIRM, P.A. 2090 PALM BEACH LAKE BLVD SUITE 400 2090 PALM BEACH LAKE BLVD SUITE 400 WEST PALM BEACH, FL 33409 US WEST PALM BEACH, FL 33409 2. Principal Place of Business 3. Mailing Address 777 South Flagler Drive 777 South Flagler Drive Suite. Apt. #, etc. Suite, Apt. #, etc. 01182005 Chg-P CR2E034 (10/03) Suite 902 West Suite 902 West City & State City & State 4. FEI Number Applied For 65-0567892 West Palm Beach, Florida West Palm Beach, FLorida Not Applicable Country Palm Beach Zip 33401~ \$8.75 Additional 5. Certificate of Status Desired 33401 Palm Beach Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SAME SZYMONIAK, LYNN E Street Address (P.O. Box Number is Not Acceptable) 2101 CORPORATE BLVD 777 South Flagler Drive **STE 415** BOCA RATON, FL 33431 Suite 902 West West Palm Beach 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 MI Morrish Lynn E. January 18, 2005 Szymoniak egistered agent and title if applicable. Signature typed or printed n 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 "After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE n ☐ Delete TITLE SZYMONIAK, LYNN E NAME NAME STREET ADDRESS 2101 CORPORATE BLVD- STE 415 STREET ADDRESS 777 South Flager Drive, Ste. 902 West BOCA RATON, FL 33431 CITY-ST-ZIP CITY-ST-ZIP West Palm Beach, Florida 33401 ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME 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 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME 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 12. I hereby certify that the information supplied with this filling 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 attagment with an address, with all other like empowered.

Lynn E. Szymoniak

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 18, 2005

FILED