2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000004806

Entity Name: MEDALLION COMMUNITIES INC

FILED Apr 29, 2005 Secretary of State

LINEY NAME: WEDALLION COMMONTIES, INC.	
Current Principal Place of Business:	New Principal Place of Business:
700 US HIGHWAY #1 SUITE H WEST PALM BEACH, FL 33409 US	
Current Mailing Address:	New Mailing Address:
PO BOX 14547 PALM BEACH GARDENS, FL 33408 US	
FEI Number: 65-0757710 FEI Number Applied For () FEI Nu	umber Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
O'BRIEN, CHRISTOPHER J SUITE H, 700 US #1 NORTH PALM BEACH, FL 33408 US	
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.	
SIGNATURE:	
Electronic Signature of Registered Agent	Date
Election Campaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

(X) Change () Addition

Title: () Delete O'BRIEN, CHRISTOPHER J Name: 4241 B NORTHLAKE BLVD Address:

City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: () Delete HAMILTON, HARRY S. Name: Address: 800 N FLAGLER DR

WEST PALM BEACH, FL 33401 City-St-Zip:

Title: () Delete Name: ARSENAULT, G 800 N FLAGLER DR Address:

City-St-Zip: WEST PALM BEACH, FL 33401 Title: (X) Change () Addition O'BRIEN, CHRISTOPHER J Name: P. O. BOX 14547

Address:

City-St-Zip: NORTH PALM BEACH, FL 334080547 US

Title: (X) Change () Addition HAMILTON, HARRY S. Name:

Address: 800 N FLAGLER DR

WEST PALM BEACH, FL 33401 US City-St-Zip:

Name: ARSENAULT, G

Title:

Address: 800 N FLAGLER DR

City-St-Zip: WEST PALM BEACH, FL 33401 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER J. OBRIEN PS 04/29/2005