

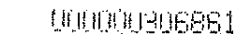
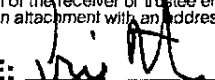


**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000006890</b> 1. Entity Name <b>THE POET &amp; THE DOVE, INC.</b>				<b>Apr 15, 2005 08:00</b> <b>Secretary of State</b>	
Principal Place of Business <b>6620 BOCA DEL MAR DR</b> <b>508</b> <b>BOCA RATON, FL 33433 US</b>		Mailing Address <b>6620 BOCA DEL MAR DR</b> <b>508</b> <b>BOCA RATON, FL 33433 US</b>			
<b>DO NOT WRITE IN THIS SPACE</b>				04062005 No Chg-P CR2E034 (1Q/03)	
				4. FEI Number <b>65-0749286</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KAPLAN, CHARLOTTE</b> <b>9405 ASTON GARDENS COURT, APT 204</b> <b>PARKLAND, FL 33078</b>				<b>DO NOT WRITE IN THIS SPACE</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when restateing) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD ILTON, ANN 6620 BOCA DEL MAR DR BOCA RATON, FL 33433		 <b>04/15/05-80034-002 150.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		STD ILTON, ARIE 6620 BOCA DEL MAR DR BOCA RATON, FL 33433			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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)(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>ARIE ILTON, Sec. Treas.</b> <b>4/10/2005</b> <b>561 416 0186</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					