## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 08, 2005 8:00 am Secretary of State 04-08-2005 90056 006 \*\*\*150.00

1. Entity Nam	MENT # P970000427 D HARE, INC.	722		04-	-08-2003 900		<i>,</i>	
Beinging Man	- of Durings	Mailing Address		$\dashv$	400501	R45		
Principal Place of Business 2121 N. OCEAN BLVD. #1407-E BOCA RATON, FL 33431		2121 N. OCEAN BLVD. #1407-E BOCA RATON, FL 33431						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02222005	Chg-P	CR2E034 (10/0	3)	
City & Stat	е	City & State		4. FEI Number 65-0767			Applied For Not Applicable	
Zìp	Country	Zip	Country	5. Certificate o	f Status Desired	□ \$8.75 / Fee Requ		
	6. Name and Address of Current R	egistered Agent		7. Name and	Address of New	Registered Agent		
CHILDERS, WILLIAM N 2121 N. OCEAN BLVD. #1407-E BOCA RATON, FL 33431			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
			City	<del></del>		13:-0		
<u> </u>	named entity submits this statement for		1 '			FL Zip C	•	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Camp Trust Fund Con	aign Financing \$	55.00 May Be dded to Fees				
.10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/C	CHANGES TO OF	FICERS AND DIRECTO	ORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	PD CHILDERS, WILLIAM N 2121 N. OCEAN BLVD. #1407-E BOCA RATON, FL 33431	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Chang	ge 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHILDERS, CHRISTINE M 2121 N. OCEAN BLVD. #1407-E BOCA RATON, FL 33431	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	ge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY_ST_ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		2 1	☐ Chang	e Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	ge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<del></del>	☐ Chang	ge 🗖 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Chang	e 🗌 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: Christine M. Childres Christine M. Ch	libers 4/4/05 (	561) 237-728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #