

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 30, 2004 8:00 am**  
**Secretary of State**

08-30-2004 90005 048 \*\*\*158.75

<b>DOCUMENT # P97000055500</b> 1. Entity Name <b>JASON STEVEN DALLEY, INC.</b>			
Principal Place of Business <b>224 DATURA STREET SUITE 515 WEST PALM BEACH, FL 33401 US</b>		Mailing Address <b>224 DATURA STREET SUITE 515 WEST PALM BEACH, FL 33401 US</b>	
2. Principal Place of Business <b>100 EAST LINTON BLVD. Suite, Apt. #, etc. SUITE 301A City &amp; State DELRAY BEACH, FLORIDA Zip 33483 Country U.S.</b>		3. Mailing Address <b>100 EAST LINTON BLVD. Suite, Apt. #, etc. SUITE 301A City &amp; State DELRAY BEACH, FLORIDA Zip 33483 Country U.S.</b>	
4. FEI Number <b>65-0767245</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		08242004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>DALLEY, JASON STEVEN 224 DATURA STREET SUITE 515 WEST PALM BEACH, FL 33401</b>		7. Name and Address of New Registered Agent Name <b>JASON STEVEN DALLEY</b> Street Address (P.O. Box Number is Not Acceptable) <b>100 EAST LINTON BLVD., SUITE 301A City DELRAY BEACH, FL Zip Code 33483</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  DATE <b>8/24/04</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 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>P</b> NAME <b>DALLEY, JASON STEVEN</b> STREET ADDRESS <b>224 DATURA STREET, SUITE 515</b> CITY-ST-ZIP <b>WEST PALM BEACH, FL 33401</b>	<input type="checkbox"/> Delete	TITLE <b>JASON STEVEN DALLEY</b> NAME <b>JASON STEVEN DALLEY</b> STREET ADDRESS <b>100 EAST LINTON BLVD., SUITE 301A</b> CITY-ST-ZIP <b>DELRAY BEACH, FL 33483</b>	<input checked="" 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
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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:		PRESIDENT <b>JASON STEVEN DALLEY</b> 8/24/04 561-742-7000 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone *</small>	

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