2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 08, 2005 8:00 am Secretary of State DOCUMENT # P97000073409 1. Entity Name 04-08-2005 90051 033 ***150 00 FLORIDA ESTATE MANAGEMENT SERVICES, INC. Mailing Address Principal Place of Business 9121 N MILITARY TRL #204 9121 N MILITARY TRL #204 PALM BEACH GARDENS, FL 33410 PALM BEACH GARDENS, FL 33410 2. Principal Place of Business 3. Mailing Address 9121 N. Military Trail <u>Same</u> Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 02252005 Chg-P te 209 City & State 4. FEI Number Applied For 65-0776320 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent oretta =-va n.s.. EVANS, LP Street Address (P.O. Box Number is Not Acceptable) 9121 N MILITARY TRL #204 PALM BEACH GARDENS, FL 33410 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11; 10. OFFICERS AND DIRECTORS 11. PTD TITLE TITLE ☐ Delete Loretta Evans Newton **EVANS, LORETTA P** NAME NAME STREET ADDRESS STREET ADDRESS 9121 N MILITARY TRL #204 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP ☐ Change` ☐ Delete TITLE TIFLE NAME T. Newton NAME STREET ADDRESS STREET ADDRESS giai N. military CITY-ST-ZIP CITY-ST-ZIP Delete TITL F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition □ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP IIILE Delete ☐ Change ☐ Addition TITLE NAME NAME ents to an instance STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 attachment with an address, with all other like empowered.

Loretla Evans New