

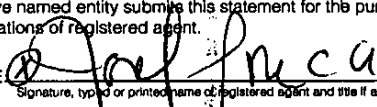
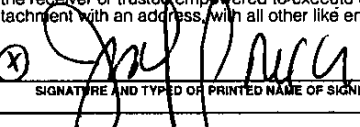


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90298 001 ***150.00

DOCUMENT # P97000088280 1. Entity Name JOSEF PRICCI & ASSOCIATES, INC.					
Principal Place of Business 315 S. LAKE DR.-- APT 3A PALM BEACH, FL 33480 US				Mailing Address 315 S. LAKE DR. APT 3A PALM BEACH, FL 33480 US	
2. Principal Place of Business 333 SUNSET AVE Suite, Apt. #, etc. APT 515		3. Mailing Address 737 PARK AVE. Suite, Apt. #, etc. APT 11 D			
City & State PALM BEACH, FL		City & State NEW YORK NY		4. FEI Number 58-2354360	
Zip 33480		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRICCI, JOSEF 315 S. LAKE DR. APT 3A PALM BEACH, FL 33480		7. Name and Address of New Registered Agent Name PRICCI, JOSEF Street Address (P.O. Box Number is Not Acceptable) 333 SUNSET AVE. APT 515 City PALM BEACH FL Zip Code 33480			
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:  JOSEF PRICCI PRESIDENT 4/29/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRICCI, JOSEF 354 CHILEAN AVE PALM BEACH, FL 33480	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRICCI, JOSEF 333 SUNSET AVE, APT. 515 PALM BEACH FL 33480	<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
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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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:  JOSEF PRICCI 4/29/05 561-762-7115 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					