2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED ANNUAL REPORT Apr 13, 2005 08:00 AM Secretary of State DOCUMENT # P97000098340 1. Entity Name ALAN R. THOMAS P.A. Principal Place of Business Mailing Address PO BOX7100 20801 BISDAYNEBLVD STE403 MAM BEACH FL 33154-7100 US AVENTURA FL 33180 LS 03262005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0795898 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent THOMAS, ALAN R DO NOT WRITE 20801 BISCAYNE BLVD STE 403 IN THIS SPACE MIAMI, FL 33180 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. Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME THOMAS, ALAN STREET ADDRESS 20801 BISCAYNE BLVD #403 U00000301034 04/13/05-80015-011 150.00 CITY-ST-ZIP AVENTURA, FL 33180 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE 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 eath; 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.

Um / homas Alan Thomas

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4-1-05

305-865-7588