2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 04, 2005 08:00 AM Secretary of State DOCUMENT # P98000015884 JORDAN H. JORDAN, P.A. Principal Place of Business Mailing Address 201 NORTH STATE ROAD SEVEN, SUITE ONE 201 NORTH STATE ROAD SEVEN, SUITE ONE MARGATE, FL 33063 MARGATE, FL 33063 05022005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0822322 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JORDAN, JORDAN H DO NOT WRITE 201 NORTH STATE ROAD SEVEN, SUITE ONE MARGATE, FL 33063 IN THIS SPACE 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees Due by September 7, 2005 OFFICERS AND DIRECTORS 10. TITLE NAME JORDAN, JORDAN H 201 N. ST RD 7, STE 1 STREET ABORESS MARGATE, FL 33063 CITY-ST-ZIP NAME U000000361467 STREET ADDRESS 05/05/05-80077-020 150.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE

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 afformation provided in the control of the corporation of the control of the corporation of the receiver or trustee empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED