


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90140 034 ***150.00

DOCUMENT # P98000018079	
1. Entity Name HIGHLAND UNLIMITED, INC.	

Principal Place of Business 1926 10TH AVENUE NORTH 4TH FL LAKE WORTH FL 33466	Mailing Address 1926 10TH AVENUE NORTH 4TH FL LAKE WORTH FL 33466
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2. Principal Place of Business 625 NORTH FLAGLER DRIVE Suite, Apt. #, etc. SUITE 625 City & State WEST PALM BEACH, FLORIDA Zip 33401 Country U.S.A.	3. Mailing Address 625 NORTH FLAGLER DRIVE Suite, Apt. #, etc. SUITE 625 City & State WEST PALM BEACH, FLORIDA Zip 33401 Country U.S.A.
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1st MOORE CR2E034 (10/04)

4. FEI Number 65-0835394	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LEWIS, RICHARD C 799 BRICKELL PLAZA SUITE 702 MIAMI FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP, SHAPIRO, STEPHEN J 1926 10TH AVE NORTH, SUITE 400 LAKE WORTH FL 33461 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHAPIRO, STEPHEN J 625 N. FLAGLER DRIVE, SUITE 625 WEST PALM BEACH, FLORIDA 33401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVS CURRAN, EDWARD T 230 PENOLETON AVE PALM BEACH FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVS CURRAN, EDWARD T 230 PENOLETON AVENUE PALM BEACH, FLORIDA 33480 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HUNTER, MARGARET A 1926 10TH AVE NORTH, STE 400 LAKE WORTH FL 33461 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS HUNTER, MARGARET A 625 N. FLAGLER DRIVE, SUITE 625 WEST PALM BEACH, FLORIDA 33401 <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
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: STEPHEN J. SHAPIRO **4-4-05** **561-352-2242**
Date Daytime Phone #