2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 19, 2005 08:00 AM Secretary of State

| DOCUMENT # P98000025739 1. Entity Name F.M. DAHLE, INC. | | | | Secretary of State | | |
|--|--|---|----------------------------|--------------------|---|-------------------------------|
| Principal Plac 999 BRICKE 700 MIAMI, FL 3 | | Mailing Address 999 BRICKELL AVE 700 MIAMI, FL 33131 | | | | X 1985 J HAN S DUNDAN NI SODO |
| Е | OO NOT WRITE | CE | | Chg-P CR2E0 | 34 (10/03) Applied For Not Applicable 88.75 Additional Fee Required | |
| KIRSTEN I. BAIER, P.A. 999 BRICKELL AVE STE 700 MIAMI, FL 33131 | | | DO NOT WRITE 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Typed or pinted name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | | | | | |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | DPST DAHLE, F M 999 BRICKELL AVE STE 700 MIAMI, FL 33131 | IŘECTORS | | 84/ | U00000315318 19/05-80029- | -020 150.00 |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO NO | T WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN THI | S SPACE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | <u></u> | T 79.8 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| 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. | | | | | | |
| SIGNATURE: THE THE ACTIVE PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DATE OF DATE OF SIGNING OFFICER OF DIRECTOR DATE OF SIGNING OFFICER OF DATE OF SIGNING OF SIGNING OFFICER OF DATE OF SIGNING OFFICER OF DATE OF SIGNING OFFICER OF DATE OF SIGNING OFFICER OF SIGNING OF SIGNING OFFICER OF SIGNING OFFICER OF SIGNING OFFICER OF SIGNIN | | | | | | |