2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AN
Secretary of State

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1. Entity Nar	MENT # P9800003138		· The state of the		·		
Principal Place of Business 401 NE 5TH CT BOCA RATON, FL 33432 Mailing Address 401 NE 5TH CT BOCA RATON, FL 33432					HIR ARTAL HASSE WALLS BANK ARE	11 88180 11 81 11 888 617	DI FERSE INDSENDI II FRES
E	OO NOT WRITE II	04272005 No Chg-P					
STUART, JAMES M 401 NE 5TH CT BOCA RATON, FL 33432			DO NOT WRITE IN THIS SPACE				
S. 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 if applicable. (NOTE, Registered Agent signature required when reinstating) OATE PILE NOWILI FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Added to Fees							
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.			LI Addi	ed to rees			
10. IVILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP	P STUART, JAMES M 401 NE 5TH CT BOCA RATON, FL 33432 V STUART, SUE 401 NE 5TH CT BOCA RATON, FL 33432	CTORS			U0000 05/02/05	00350746 5-80117-0	09 150.80
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. hereby c	certify that the information supplied with this fi	iling does not qualify for the exen	nption stated in Sec	ction 119.07(3)	(i), Florida Statutes. I	further certify the	at the information
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 receiver or trustee empowered to execute this corporation or the receiver or trustee empowered to execute this corporation.							