


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90061 034 \*\*\*150.00

<b>DOCUMENT # P98000085081</b>	
1. Entity Name <b>UNIVERSITY ENTREPRENEURS SOCIETY, INC.</b>	

Principal Place of Business <b>215 S. OLIVE STE. 200 WEST PALM BEACH, FL 33401</b>	Mailing Address <b>C/O MCGRATH &amp; MEYERS 5725 CORPORATE WAY, # 101 WEST PALM BEACH, FL 33407</b>
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2. Principal Place of Business <b>700 South Olive Avenue</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.


City & State <b>West Palm Beach, FL</b>	City & State
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Zip <b>33401</b>	Country	Zip	Country
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6. Name and Address of Current Registered Agent	
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ARNOLD, ROBERT J 215 S. OLIVE SUITE 200 WEST PALM BEACH, FL 33401	
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**44003707**



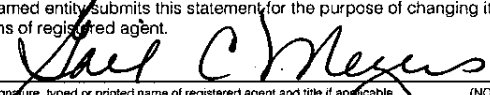
01272004 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0484521</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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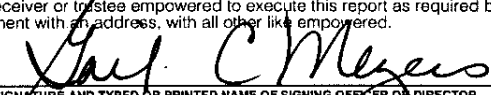
7. Name and Address of New Registered Agent	
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Name <b>Gail C. Meyers</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>C/O McGrath &amp; Meyers PA</b>	
<b>5725 Corporate Way #101</b>	
City <b>West Palm Beach</b>	FL Zip Code <b>33407</b>

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 	DATE <b>1/25/04</b>
(NOTE: Registered Agent signature required when reinstating)	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ARNOLD, ROBERT J 215 S OLIVE AVENUE, STE #200 WEST PALM BEACH, FL 33401 <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	DPST HALMOS, PETER 215 S OLIVE AVENUE, STE #200 WEST PALM BEACH, FL 33401 <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	Treasurer Gail C. Meyers 5725 Corporate Way #101 West Palm Beach FL 33407 <input type="checkbox"/> Change <input checked="" 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
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: 	DATE <b>1/25/04</b> DAYTIME PHONE # <b>561-684-6604</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	