2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000001222

1. Entity Name
JEANMARIE WHALEN, P.A.

Principal Place of Business	Mailing Address
2401 PGA BOULEVARD SUITE 140 PALM BEACH GARDENS, FL 33410	2401 PGA BOULEVARD SUITE 140 PALM BEACH GARDENS, FL 33410
2. Principal Place of Business	**3. Mailing Address**
Suite, Apt. #, etc.	Suite, Apt #. etc.
City & State	City & State
Zip / Country	Zip / Country

01052005   Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
65-0884222		Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WHALEN, JEANMARIE 2401 PGA BOULEVARD SUITE 140 PALM BEACH GARDENS, FL 33410	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 printed 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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	WHALEN, JEANMARIE		NAME			
STREET ADDRESS	2401 PGA BOULEVARD, SUITE 140		STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS	U00000178449		
CITY-ST-ZIP			CITY-ST-ZIP	01/12/05-80027-015 150.00		
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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: _[signature]_   1/6/05   561-625-6260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #