2004 FOR PROFIT CORPORATION

Mar 26, 2004 8:00 am **Secretary of State ANNUAL REPORT DOCUMENT # P99000006565** 03-26-2004 90045 025 ***150.00 1. Entity Name RICHARD C. SINGER, P.A. Principal Place of Business Mailing Address 1329 BEDFORD DR., SUITE ONE 1329 BEDFORD DR., SUITE ONE MELBOURNE, FL 32940 MELBOURNE, FL 32940 No Cha-P CR2E034 (10/03) 01262004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3550315 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required _ 6. Name and Address of Current Registered Agent SINGER, RICHARD C DO NOT WRITE 1329 BEDFORD DR., SUITE ONE MELBOURNE, FL 32940 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSTD TITLE SINGER, RICHARD C NAME 1329 BEDFORD DR., SUITE ONE STREET ADDRESS MELBOURNE, FL 32940 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME

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

STREET ADDRESS CITY-ST-ZIF TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED