


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90042 049 \*\*\*150.00

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<b>DOCUMENT # P99000053771</b> 1. Entity Name <b>LAW OFFICE OF RICHARD A. RYLES, P.A.</b>					
Principal Place of Business <b>2620 AUSTRALIAN AVE., STE. 109 W. PALM BEACH, FL 33407</b>				Mailing Address <b>2620 AUSTRALIAN AVE., STE. 109 W. PALM BEACH, FL 33407</b>	
2. Principal Place of Business <b>2620 N. AUSTRALIAN AVE.</b>		3. Mailing Address <b>2620 N. AUSTRALIAN AVE.</b>			
Suite, Apt. #, etc. <b>109</b>		Suite, Apt. #, etc. <b>109</b>			
City & State <b>WEST PALM BEACH, FL.</b>		City & State <b>WEST PALM BEACH, FL.</b>			
Zip <b>33407</b>		Country <b>U.S.A.</b>		02272005 Chg-P CR2E034 (10/03)	
4. FEI Number <b>65-0930224</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>RYLES, RICHARD A ESQ. 2620 AUSTRALIAN AVE., STE. 109 W. PALM BEACH, FL 33407</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O <b>RYLES, RICHARD A</b> <b>2620 AUSTRALIAN AVE STE 109</b> <b>WEST PALM BEACH, FL 33407</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>OWNER</b> <b>RICHARD A. RYLES</b> <b>2620 N. AUSTRALIAN AVE., STE. 109</b> <b>WEST PALM BEACH, FL. 33407</b> <input checked="" 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	
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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 of an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>3/23/05</b> <small>Date Daytime Phone #</small>		