2004 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

05-24-2004 90005 014 ***150.00 DOCUMENT # P99000084497 1. Entity Name O'NEILL'S FINE ART, INC. Principal Place of Business Mailing Address 54055487 385 TEQUESTA DR **561 IVY AVENUE** PALM BEACH GARDENS, FL 33410 TEQUESTA, FL 33469 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04042004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 65-0948818 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent O'NEILL, HUGH Street Address (P.O. Box Number is Not Acceptable) **561 IVY AVENUE** PALM BEACH GARDENS, FL 33410 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE Addition O'NEILL, HUGH NAME NAME 561 IVY AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE ' TITLE. O'NEILL, LINDA NAME STREET ADDRESS 561 IVY AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PALM BEACH GARDENS, FL 33410 ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

FILED May 24, 2004 8:00 am

Secretary of State