2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 18, 2005 8:00 am **Secretary of State** DOCUMENT # P99000086145 04-18-2005 90339 036 ***150.00 1. Entity Name GREGORY J. NEWCOMM, P.A. Principal Place of Business Mailing Address 20030302 **301 CLEMATIS STREET 301 CLEMATIS STREET SUITE #3000 SUITE #3000** WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 2. Principal Place of Business 3. Mailing Address 1340 NORTH U.S. HIGHWAY I 340 NORTH U.S. HIGHWAY Suite, Apt. #, etc. Suite, Apt. #, etc. 04132005 Chg-P CR2E034 (10/03) 102 102 City & State 4. FEI Number Applied For TUPITER HURIDA FLORIDA JUPITAL. 65-0964493 Not Applicable Country A \$8.75 Additional 3469 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent NEWCOMM, GREGORY J 301 CLEMATIS STREET #3000 WEST PALM BEACH, FL 33401 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 d name of registered agent and title if applicable. \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Defete Change Addition TITLE NEWCOMM, GREGORY J 1340 NORTH W.S. HIGHWAY NAME NEWCOMM, GREGORY J NAME STREET ADDRESS 301 CLEMANTIS ST., #3000 STREET ADDRESS WEST PALM BEACH, FL 33401 CITY-ST-ZIP JUPITER, FLORIDA CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Defete TITLE 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 Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ 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 changed, or on an attachprent with an address, with all other like empowered.

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED