2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005
Secretary of State

DOCUMENT# P99000096571

Entity Name: PROMUS ASSOCIATES, INC.

Current Principal Place of Business:

13133 PROFESSIONAL DR.
STE 200
JACKSONVILLE, FL 32225

New Principal Place of Business:

5933 W HILLSBORO BLVD
STE 228
PARKLAND, FL 33067

Current Mailing Address:

13133 PROFESSIONAL DR.
STE 200
JACKSONVILLE, FL 32225

New Mailing Address:

5933 W HILLSBORO BLVD.
STE 228
PARKLAND, FL 33067

FEI Number: 65-0957242 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLVIN, G.
757 SE 17TH STREET, STE 398
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete
Name: COLVIN, G.
Address: 757 SE 17TH STREET, STE 398
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: VP (X) Delete
Name: HARTLEY, JAMES B
Address: 13133 PROFESSIONAL DR., #200
City-St-Zip: JACKSONVILLE, FL 32225

Title: T (X) Delete
Name: KILEY, BYRON
Address: 13133 PROFESSIONAL DR., #200
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GRANT COLVIN P 04/15/2005
Electronic Signature of Signing Officer or Director — Date