FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) P99000 110,266 **DOCUMENT#** FILED 1. Entity Name FèP Associater. Inc. 02 OCT 28 PM 4: 15 SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE Principal Place of Business 3. Mailing Address 0342 Forest Hill blud 5446 Oakfranch Dring Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Ste. 170 City & State 4. FEI Number Applied For 65-0978932 Not Applicable Country 33415 5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent E & & Financial Survices, Fro DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 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 P-11-05 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State 10. Election Campaign Financing

—Trust Fund Contribution. Tax filing requirement and elects to do so. \$5.00 May Be (See criteria on back) Added to Fees 11. OFFICERS AND DIRECTORS TITLE TITLE LlanosaII**8000008636808**)/28/02--01122--017 NAME STREET ADDRESS TROYAL FOREST CON STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Potrice Lanosa 1717 Royal Forest Court NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Palm Beach, FL. 33406 CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an analysis of the composition of the receiver or trustee empowered.

SIGNATURE: TVank Lomosa 11.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(12/01)

Daytime Phone #

May 24, 2002

Florida Department of State Attn: Katherine Harris Secretary of State Division of Corporations P.O. Box 6327-Tallahassee, FL 32314

To whom this may concern:

The reason why this form is being submitted late is because I did not receive the proper filing document before the deadline May 1, 2002.

Your assistance in this matter would be greatly appreciated.

Sincerely,

C& E Financial Services