2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

 I hereby certify that the information supplied indicated on this report or supplemental report of the corporation or the receiver or trustee. changed, or on an attachment w

SIGNATURE:

Apr 06, 2005 08:00 AM DOCUMENT # S04895 **Secretary of State** NOUVEAU ASSOCIATES, INC. Mailing Address Principal Place of Business 4382 GLENEAGLES DR 4382 CLENEAGLES DR BOYNTON BEACH, FL 33436 BOYNTON BEACH, FL 33436 US US 03142005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0217429 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LINSCOTT, ROBERT DO NOT WRITE 4382 GLENEAGLES DR BOYNTON BEACH, FL 33436 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME LINSCOTT, ROBERT 4382 GLENEAGLES DR STREET ADDRESS CITY-SY-ZIF BOYNTON BEACH, FL 33436 U00000290322 IIIL 04/06/05-80062-006 150.00 NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-7IP TIT2 F NAME STREET ADDRESS CITY-ST-71P th this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information t 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 powered to effect the true this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

ike empowered.

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED