2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # S18326 03-31-2005 90052 008 ***150.00 BARR SAMPSON SAMPSON ASSOCIATES, INC. Principal Place of Business Mailing Address 1012 PBL BLVD. 13484 NW 6TH DR. WEST PALM BEACH, FL 33401 PLANTATION, FL 33325 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01272005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For **NOT APPLICABLE** Not Applicable Country Zip Country Zip \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STONE, ERIK Street Address (P.O. Box Number is Not Acceptable) GUARDIAN MANAGEMENT, INC. 1660 SOUTHERN BOULEVARD SUITE K WEST PALM BEACH, FL 33406 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE TITLE ☐ Change ☐ Addition BARR, BEATRICE NAME NAME STREET ADDRESS STREET ADDRESS 13484 NW 6TH DR. CITY-ST-ZIP PLANTATION, FL 33325 CITY-ST-ZIP TITLE Change Addition TITLE Delete WENDELLA NISBETT NAME SAMPSON, LORENZO NAME 3245 BUCKHORN DRIVE STREET ADDRESS 920 TRINITY AVENUE # 3H STREET ADDRESS BRONX, NY 10456 CITY+ST-ZIP CLEARWATER, FL 33761-2308 CITY-ST-ZIP ☐ Addition TITLE Change TITLE Delete SAMPSON, CHARLYCE LENORA WILLIAMS NAME NAME 30 WINDMILL ROAD STREET ADDRESS .4360 BAYCHESTER AVENUE #6A STREET ADDRESS CITY-ST-7IP ELLINGTUN, CONN 06029 **BRONX, NY 10466** CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Channe ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME

12. I hereby certify that the information supplied with this filling 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 attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

Scalture Sair Set Tresurer
SIGNATURE AND TYPED ORAPRINTED NAME OF SIGNAND OFFICER OR DIRECTOR

3/28/05

954 846-0834

Daytime Phone #

FILED

Mar 31, 2005 8:00 am