

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S24059

**FILED**  
**Jan 12, 2005**  
**Secretary of State**

**Entity Name:** NORMA L. POITRAS MANAGEMENT CORP.

**Current Principal Place of Business:**

4360 NORTHLAKE BLVD.  
SUITE 208  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

4360 NORTHLAKE BLVD.  
SUITE 208  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

4360 NORTHLAKE BLVD.  
SUITE 102  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

4360 NORTHLAKE BLVD.  
SUITE 102  
PALM BEACH GARDENS, FL 33410

**FEI Number:** 65-0235973

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PROTTING, NORMA  
4360 NORTH LAKE BLVD.  
SUITE 102  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

PROTTING, NORMA L  
4360 NORTH LAKE BLVD.  
SUITE 102  
PALM BEACH GARDENS, FL 33410 US

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: NORMA L. PROTTING

01/12/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PROTTING, NORMA L.  
Address: 4360 NORHTLAKE BLVD.  
City-St-Zip: PALM BCH GARDENS, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: PROTTING, NORMA L.  
Address: 4360 NORHTLAKE BLVD., SUITE 102  
City-St-Zip: PALM BCH GARDENS, FL 33410

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: NORMA L. PROTTING

PRES

01/12/2005

Electronic Signature of Signing Officer or Director

Date