2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005
Secretary of State

DOCUMENT# S41985

Entity Name: REP ASSOCIATES, INC.

Current Principal Place of Business:

3932 RCA BOULEVARD
SUITE 3204
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

Current Mailing Address:

3932 RCA BOULEVARD
SUITE 3204
PALM BEACH GARDENS, FL 33410 US

New Mailing Address:

FEI Number: 65-0259769 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WARD, PHILIP H., III
4420 BEACON CIR
SUITE 1000
W PALM BEACH, FL 33407 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: DV ( ) Delete
Name: RUECKERT, WILLIAM A
Address: 3932 RCA BOULEVARD, SUITE 3204
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: DP ( ) Delete
Name: POGGI, JOHN R
Address: 3932 RCA BOULEVARD, SUITE 3204
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: DVS (X) Delete
Name: PETERSON, JANET M
Address: 3932 RCA BOULEVARD, SUITE 3204
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: DVT ( ) Delete
Name: MEYER, KAREN M
Address: 3932 RCA BOULEVARD, SUITE 3204
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

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:

Title: DVTS (X) Change ( ) Addition
Name: MEYER, KAREN M
Address: 3932 RCA BOULEVARD, SUITE 3204
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

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: JOHN R. POGGI P 04/22/2005

Electronic Signature of Signing Officer or Director Date