2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED MANE OF STORMING OFFICER OR DIRECTOR

Secretary of State DORAN DOWNTOWN AGENCY, INC. Principal Place of Business 2000 N. OCEAN BLVD. APT 304 BOCA RATON FL 33431 2. Principal Place of Business Sulte, Apt. #, etc. 1st MOORE CR2E034 (10/04) Cry & State City & State City & State City & State Country Zip Country Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name BERTRAM, HARNETT 2000 N. OCEAN BLVD. BOCA RATON FL 33431 City FL Zip Code 8. The above rames entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and at the obligation of City City FL Zip Code 8. The above rames entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and at the obligation of City City FL Zip Code 8. The above rames entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and at the obligation of City City FL Zip Code 8. The above rames entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and at the obligation of City City FL Sonbure, based valuations CNOTE Registered Agent sugmeture recurred when consultance) FILE NOW(1): FEE 15-4150.00
2000 N. OCEAN BLVD. APT 304 BOCA RATON FL 33431 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc Suite, Apt. #, etc City & State City & State City & State Country Tip Country Tip Country Tip Country Tourner and Address of Current Registered Agent Name BERTRAM, HARNETT 2000 N. OCEAN BLVD. BOCA RATON FL 33431 City Street Address (P O. Box Number is Not Acceptable) City The above ramperentity 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 as the obligation of registered agent. SIGNATURE Signature, band outguided reame of registered agent and title at applicable. (NOT: "tegestered Age a signature resourced when remotating) DATE
APT 304 BOCA RATON FL 33431 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State City & State City & State Country Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name BERTRAM, HARNETT 2000 N. OCEAN BLVD. BOCA RATON FL 33431 City Street Address (P O. Box Number is Not Acceptable) City FL Zip Code 8. The above ramper entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent. SIGNATURE Signature, bond of agusted search and reme of registered agent, and the dispricable (NOTE Registered Agent supreture required when reunstating) DATE Applied Into Moore Street Address (P O. Box Number is Not Acceptable) City FL Zip Code 8. The above ramper entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent, or both, in the State of Florida. I am familiar with, and as the obligations of registered agent. SIGNATURE Signature, band of agusted search and the dispricable (NOTE Registered Agent sugneture required when reunstating) DATE
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Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERTRAM, HARNETT 2000 N. OCEAN BLVD. BOCA RATON FL 33431 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and at the obligications of registered agent. SIGNATURE Signature, typed of gradient agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE
6. Name and Address of Current Registered Agent BERTRAM, HARNETT 2000 N. OCEAN BLVD. BOCA RATON FL 33431 City City FL 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 at the obligations of registered agent. SIGNATURE Signature, typed organization general of registered agent and tifle if applicable (NOTE Registered Agent signature required when remaining) DATE
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9. Election Campaign Financing \$5.00 Ma
Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fo
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. IIILE DSS Delete IIIIF Change A
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12. 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 informat 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 dire of the corporation or the repetiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block changed, or on an attachment with an address with all other like empowered.

FILED