## 2005 FOR PROFIT CORPORATION

## FILED Apr 13, 2005 08:00 AN Secretary of State **ANNUAL REPORT DOCUMENT # V29149** 1. Entity Name GERALD E. LINDEN, P.A. Principal Place of Business Mailing Address 12925 LA ROCHELLE CIRCLE 12925 LA ROCHELLE CIRCLE PALM BEACH GARDENS, FL 33410-1406 US PALM BEACH GARDENS, FL 33410-1406 US 04072005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3118074 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LINDEN, GERALD E DO NOT WRITE 12925 LA ROCHELLE CIR PALM BEACH GARDENS, FL 33410-1406 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, lyped 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 18 \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10, OFFICERS AND DIRECTORS TITLE NAME LINDEN, GERALD E STREET ADDRESS 12925 LA ROCHELLE CIR 世的999年1819 CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 04/13/65-80040-001 tSO.00 TITLE 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-2P TATLE NAME

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 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

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

GERALD LINDEN