2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR

Mar 01, 2004 8:00 am Secretary of State DOCUMENT # F01000005277 03-01-2004 90039 037 ***158.75 THE DONUM ESTATE, INC. Principal Place of Business Mailing Address 54013614 24520 RAMAL ROAD PO BOX 104 SONOMA, CA 95476 SONOMA, CA 95476 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01222004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 94-3371526 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KEARNY, CHRIS Street Address (P.O. Box Number is Not Acceptable) 441 S.W. 12TH AVENUE DEERFIELD BEACH, FL 33442 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be \Box : Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS -- ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition KASPER, PETER NAME NAME STREET ADDRESS **12480 WOLF RUN** STREET ADDRESS CITY-ST-ZIP GLEN ELLEN, CA CITY-ST-ZIP Delete Change TITLE TITLE ☐ Addition NAME HOBBY, MELINA NAME HANDLEY, LYNDA 299 COLLEGE VIEW DR STREET ADDRESS STREET ADDRESS 678 Curtin Lane ROHNERT PARK, CA 94928 CITY-ST-ZIP CITY-ST-ZIP Sonoma, CA 95476 TITLE ☐ Delete TITLE ■ Addition ☐ Change MOLLER-RACKE, MARCUS NAME NAME STREET ADDRESS FORSTOF, 5514 STREET ADDRESS OBERHEIMBACH, GERMANY, CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Delete TITLE TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

Peter Kasper

INING OFFICER OR DIRECTOR

2/3/04

Date

FILED

707 939 2290

Daytime Phone #