


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F98000005533</b> 1. Entity Name <b>CARDEL MASTER BUILDER, INC.</b>	
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Principal Place of Business <b>8804 SHALLOWCREEK LANE RIVERVIEW FL 33569</b>	Mailing Address <b>8804 SHALLOWCREEK LANE RIVERVIEW FL 33569</b>
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country	3. Mailing Address  Suite, Apt #, etc.  City & State  Zip      Country	4. FEI Number <b>59-3518495</b> <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>	Applied For	Not Applicable
Applied For				
Not Applicable				



MOORE      CR2E034 (11/03)

6. Name and Address of Current Registered Agent  <b>CORLESS, THEODORE A CORLESS &amp; ASSOCIATES, PLC 4016 HENDERSON BLVD. TAMPA FL 33629</b>	7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PD OCKEY, RYAN	<input type="checkbox"/>
NAME	6010 12TH STREET S.E.	
STREET ADDRESS	CALGARY ALBERTA T2H 2X2	
CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/>
NAME	OCKEY, DELAINE	
STREET ADDRESS	6010 12TH ST. SE	
CITY - ST - ZIP	CALGARY ALBERTA T2-H2X2	
TITLE	S	<input type="checkbox"/>
NAME	OCKEY, CARYL	
STREET ADDRESS	6010 12TH ST. SE	
CITY - ST - ZIP	CALGARY ALBERTA T2-H2X2	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS	U00000073827		
CITY - ST - ZIP	03/02/04-80053-003 150.00		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
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)(f), 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.

SIGNATURE: *Delaine Ockey*      2/16/04      813-671-1522  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #