2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004
Secretary of State

DOCUMENT# J57959

Entity Name: KC CROMWELL, INC.

Current Principal Place of Business:

1046 ROYAL PASS RD.
TAMPA, FL 336025708 US

New Principal Place of Business:

Current Mailing Address:

1046 ROYAL PASS RD.
TAMPA, FL 336025708 US

New Mailing Address:

FEI Number: 59-2767175 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GIORDANO, JOHN N
220 SOUTH FRANKLIN STREET
TAMPA, FL 33602 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: DS ( ) Delete
Name: HOOVER, ROBIN C.,
Address: 2909 W HAWTHORNE RD
City-St-Zip: TAMPA, FL 33611

Title: CFO ( ) Delete
Name: DYN, TIM
Address: 1000 N ASHLEY DRIVE, #600
City-St-Zip: TAMPA, FL 33602

Title: BOD ( ) Delete
Name: BROWN, CHRIS
Address: 1000 N ASHLEY DR #600
City-St-Zip: TAMPA, FL 33602

Title: BOD ( ) Delete
Name: HOOVER, PAMELA
Address: 1000 N ASHLEY DR #600
City-St-Zip: TAMPA, FL 33602

Title: BOD ( ) Delete
Name: HARRIS, SAM
Address: 1000 N ASHLEY DR #600
City-St-Zip: TAMPA, FL 33602

Title: BOD ( ) Delete
Name: BRUELS, JOHN
Address: 1000 N. ASHLEY DR. #600
City-St-Zip: TAMPA, FL 33602

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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ROBIN C HOOVER P/D 05/24/2004

Electronic Signature of Signing Officer or Director — Date