2004 FOR PROFIT CORPORATION

DOCUMENT # J84160

1. Entity Name

THE BREEZE CORPORATION



Principal Place of Business Mailing A

2510 DEL PRADO BLVD CAPE CORAL, FL 33904-750 US Mailing Address 2510 DEL PRADO BLVD CAPE CORAL, FL 33904-750 US

FILED Apr 28, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

02172004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2824932 ___

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLARROW, JOHN 2510 DEL PRADO BLVD CAPE CORAL, FL 33904

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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.

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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 Trust Fund Contribution. \$5.00 May Be Added to Fees U00000136831 04/28/04-80101-008 150.00

OFFICERS AND DIRECTORS 10. TITLE NUTTING, G. OGDEN NAME 1500 MAIN ST STREET ADDRESS CITY-ST-ZIP WHEELING, WV TITLE NUTTING, WILLIAM C. NAME 1500 MAIN ST STREET ADDRESS WHEELING, WV CITY-ST-ZIP VSD TITLE NUTTING, WILLIAM O. NAME STREET ADDRESS 1500 MAIN ST CITY+ST-ZIP WHEELING, WV TITLE NUTTING, ROBERT M. NAME STREET ADDRESS 1500 MAIN ST CITY-ST-ZIP WHEELING, WV TITLE WITTMAN, DUANE D NAME STREET ADDRESS 1500 MAIN ST CITY-ST-ZIP WHEELING, WV TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Duane D. Wittman

4/21/04

(304)233-0100

Date . . .

Daylime Phone #