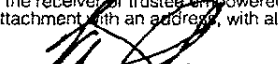


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                             |                     |                                                                                                                          |                                                                                                                                                                          |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # M66680</b><br>1. Entity Name<br><b>GEGELMAN, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                             |                     |                                                                                                                          |                                                                                         |  |
| Principal Place of Business<br><b>1615 CONWAY GDNS RD<br/>ORLANDO FL 32806</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                             |                     |                                                                                                                          | Mailing Address<br><b>1615 CONWAY GDNS RD<br/>ORLANDO FL 32806</b>                                                                                                       |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                             | 3. Mailing Address  |                                                                                                                          |                                                                                                                                                                          |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                             | Suite, Apt. #, etc. |                                                                                                                          |                                                                                                                                                                          |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                             | City & State        |                                                                                                                          |                                                                                                                                                                          |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                     | Zip                 | Country                                                                                                                  | 4. FEI Number <b>59-2876117</b> <div style="float: right; border: 1px solid black; padding: 2px;">           Applied For<br/>Not Applicable         </div>               |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                             |                     |                                                                                                                          | <b>\$8.75 Additional Fee Required</b>                                                                                                                                    |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                             |                     | 7. Name and Address of New Registered Agent                                                                              |                                                                                                                                                                          |  |
| <b>GEGELMAN, TODD<br/>1615 CONWAY GDNS RD<br/>ORLANDO FL 32806</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                             |                     | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                             |                     |                                                                                                                          |                                                                                                                                                                          |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><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>      |                                                                                                                                                                          |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                             |                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                    |                                                                                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>P<br/>GEGELMAN, TODD<br/>1615 CONWAY GARDENS RD<br/>ORLANDO FL 32806</b> <input type="checkbox"/> Delete |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                             |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><div style="text-align: center;"> <b>U000000053144</b><br/> <b>02/16/04-80120-020 150.00</b> </div> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                             |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                             |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                             |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                             |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                        |  |
| 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. |                                                                                                             |                     |                                                                                                                          |                                                                                                                                                                          |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                             |                     | <b>TODD A. GEGELMAN 2-11-04</b><br>Date                                                                                  |                                                                                                                                                                          |  |