


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000004381 1. Entity Name N.O.D.D. FOUNDATION, INC.	
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Principal Place of Business 8 PEARL STREET COCOA FL 32926	Mailing Address 8 PEARL STREET COCOA FL 32926
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt #, etc.
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City & State	City & State		
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent JORGENSEN, CHARLEY E 8 PEARL STREET COCOA FL 32926	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

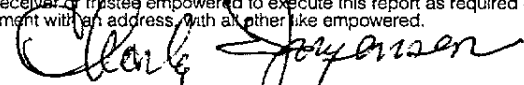
SIGNATURE _____	(NOTE Registered Agent signature required when reinstating)	DATE _____
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FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JORGENSEN, CHARLEY <input type="checkbox"/> Delete 8 PEARL STREET COCOA FL 32926
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JORGENSEN, ANNE MARIE <input type="checkbox"/> Delete 1455 WUINCE AVE MERRITT ISLAND FL 32952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCCLANANHAN, L <input type="checkbox"/> Delete 670 N COURTENAY PKY MERRITT ISLAND FL 32953
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOFFMAN, ROBERT <input type="checkbox"/> Delete 260 SABAL AVENUE MERRITT ISLAND FL 32952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CUPTON, ROBERT <input type="checkbox"/> Delete 102 RIVERSIDE DRIVE COCOA FL 32922
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROCKRIDGE, JAMES <input type="checkbox"/> Delete 6257 N US 1 COCOA FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> 1000000050965 02/16/04-80032-001 61.25 </div>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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)(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 617, 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: 	Date 2/6/04	Daytime Phone # 321-504-3778
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