
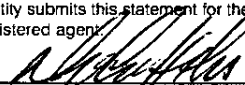
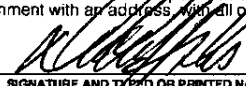


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90275 041 \*\*\*150.00

<b>DOCUMENT # P01000045046</b>					
1. Entity Name 4FRONT, INC.					
Principal Place of Business 1255 LAQUINTA DR. #214A ORLANDO, FL 32809			Mailing Address 9501 CASTLEFORD POINT ORLANDO, FL 32836		
2. Principal Place of Business		3. Mailing Address 1255 LAQUINTA DR. #214A		04272004 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc. 214A		Suite, Apt. #, etc. 214A			
City & State ORLANDO, FL		City & State ORLANDO, FL		4. FEI Number 59-3714813	
Zip 32809		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRIFFITHS, NICHOLAS J 10109 COVE LAKE DR. ORLANDO, FL 32836			7. Name and Address of New Registered Agent Name: NICHOLAS J. GRIFFITHS Street Address (P.O. Box Number is Not Acceptable): 9100 BAY HILL BOULEVARD City: ORLANDO FL Zip Code: 32819		
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:  - NICHOLAS J. GRIFFITHS - PRESIDENT DATE: 4/27/04					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2004 Fee will be \$350.00</b></p>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIFFITHS, NICHOLAS J 10109 COVE LAKE DR. ORLANDO, FL 32836	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT NICHOLAS J. GRIFFITHS 9100 BAY HILL BOULEVARD ORLANDO, FL 32809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT CARMEN GRIFFITHS 9100 BAY HILL BOULEVARD ORLANDO, FL 32809	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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)(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:  - NICHOLAS J. GRIFFITHS		DATE: 4/27/04		DAYTIME PHONE #: 4078521030	