2004 FOR PROFIT CORPORATION ANNUAL REPORT

Signature, typed or printed name of registered agent and title if applicable

Feb 27, 2004 08:00 AM Secretary of State **DOCUMENT # P02000023916** 2125 BRITTANY ARMS, INC. Mailing Address Principal Place of Business 3132 JULINGTON CREEK RD. 3132 JULINGTON CREEK RD. JACKSONVILLE, FL 32223 JACKSONVILLE, FL 32223 No Chg-P CR2E034 (10/03) 02232004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0567718 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 5. Name and Address of Current Registered Agent FARHAT, SAMIR Y DO NOT WRITE 3132 JULINGTON CREEK RD. JACKSONVILLE, FL 32223 IN THIS SPACE 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.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution, Added to Fees OFFICERS AND DIRECTORS 10. TITLE FARHAT, SAMIR Y NAME STREET ADDRESS 3132 JULINGTON CREEK RD. JACKSONVILLE, FL 32223 CITY-ST-ZIP Uniocionogaset TITLE VD (12/27/04-80048-003 150.00 MOREY, CARL NAME STREET ADDRESS 2329 BRIDGEWATER CT. CITY-ST-ZIP ORANGE PARK, FL 32003 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

(NOTE Registered Agent signature required when reinstating)

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

FILED