2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004
Secretary of State

DOCUMENT# P02000133872

Entity Name: FULL THROTTLE SECURITY CORP.

Current Principal Place of Business:

2302 SE MONTAUK ST
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

158 SW TWIG AVE
PORT SAINT LUCIE, FL 34983

Current Mailing Address:

2302 SE MONTAUK ST
PORT SAINT LUCIE, FL 34952

New Mailing Address:

158 SW TWIG AVE
PORT SAINT LUCIE, FL 34983

FEI Number: 61-1437368 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SKODMIN, GUY
2302 SE MONTAUK ST
PORT SAINT LUCIE, FL 34952

Name and Address of New Registered Agent:

SKODMIN, GUY
158 SW TWIG AVE
PORT SAINT LUCIE, FL 34983

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.

SIGNATURE: 02/17/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SKODMIN, GUY
Address: 2302 SE MONTAUK ST
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: T ( ) Delete
Name: SKODMIN, KAREN
Address: 2302 SE MONTAUK ST
City-St-Zip: PORT SAINT LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SKODMIN, GUY
Address: 158 SW TWIG AVE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: T (X) Change ( ) Addition
Name: SKODMIN, KAREN
Address: 2302 SE MONTAUK ST
City-St-Zip: PORT SAINT LUCIE, FL 34983

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUY SKODMIN P 02/17/2004
Electronic Signature of Signing Officer or Director — Date