


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-04-2004 90051 012 ***150.00

DOCUMENT # P03000073084	
1. Entity Name RETAIL DETAIL MERCHANDISING, INC.	

Principal Place of Business PO BOX 915197 LONGWOOD FL 32791	Mailing Address PO BOX 915197 LONGWOOD FL 32791
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2. Principal Place of Business 901 DOUGLAS AVE SUITE 204 ALTAMONTE SPRINGS, FL 32714 USA	3. Mailing Address 901 DOUGLAS AVE SUITE 204 ALTAMONTE SPRINGS, FL 32714 USA
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MOORE CR2E034 (11/03)

4. FEI Number 65-1187258	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**KOLTUN, JEFFREY M
557 N. WYMORE ROAD
SUITE 100
MAITLAND FL 32751**

7. Name and Address of New Registered Agent

Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** 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 _____

FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$350.00
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME LANE, CHARLES E JR.	TITLE <input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS PO BOX 915197	CITY-ST-ZIP LONGWOOD FL 32791	STREET ADDRESS 901 DOUGLAS AVE SUITE 204	CITY-ST-ZIP ALTAMONTE SPGS, FL 32714
TITLE ST	NAME RICHARDSON, CHENG M	TITLE <input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS PO BOX 915197	CITY-ST-ZIP LONGWOOD FL 32791	STREET ADDRESS 901 DOUGLAS AVE SUITE 204	CITY-ST-ZIP ALTAMONTE SPGS, FL 32714
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS CHRISTIAN, BRADLEY B.	CITY-ST-ZIP 901 DOUGLAS AVE SUITE 204
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP ALTAMONTE SPGS, FL 32714
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

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: Cheng M Richardson **CHENG M. RICHARDSON** Date: 1/28/04 (407) 862-7363