2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P03000086882

Entity Name: BRIAN S. HANKERSON, CPA, P.A.

Current Principal Place of Business:

9000 SHERIDAN STREET, STE. 117
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

9000 SHERIDAN STREET, STE. 117
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAPID CORPORATE SUPPLIES, INC.
17100 NE 19TH AVENUE
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HANKERSON, BRIAN
Address: 9000 SHERIDAN STREET, STE. 117
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D ( ) Delete
Name: HANKERSON, TINA
Address: 9000 SHERIDAN STREET, STE. 117
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: BRIAN S. HANKERSON D 04/30/2004

Electronic Signature of Signing Officer or Director — Date