2004 FOR PROFIT CORPORATION

Apr 22, 2004 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P03000139966** 1. Entity Name 04-22-2004 90040 050 ***158.75 AXIOM BUILDING AND INVESTMENT, INC. Principal Place of Business Mailing Address 904 16TH STREET NORTH 904 16TH STREET NORTH JACKSONVILLE BCH, FL 32250 JACKSONVILLE BCH, FL 32250 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03242004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PREWETT, DANIEL H Street Address (P.O. Box Number is Not Acceptable) 904 16TH STREET NORTH JACKSONVILLE BCH, FL 32250 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) Signature, typed or printed name of registered agent and title if applicable DATE Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete MILE ☐ Change ☐ Addition NAME PREWETT, THERESA K NAME STREET ADDRESS 904 16TH STREET NORTH STREET ADDRESS CITY-ST-73P JACKSONVILLE BCH, FL 32250 CITY-ST-78 Change TITLE ☐ Delete TITLE ☐ Addition PREWETT, DANIEL H NAME NAME STREET ADDRESS 904 16TH STREET NORTH STREET ADDRESS JACKSONVILLE BEACH, FL 32250 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete ☐ Change TELLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

4G OFFICER OR DIRECTOR

FILED