2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 19, 2004 08:00 AM Secretary of State **DOCUMENT # P92000011937** OFFICE EXTENSION RESOURCE, INC. Principal Place of Business Mailing Address 935 MAIN ST 935 MAIN ST. STE B-1 SUITE B-1 SAFETY HARBOR, FL 34695 US SAFETY HARBOR, FL 34695 04072004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3156057 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE DAWSEY, FRED W. 18 HARBOR LAKE CIRCLE SAFETY HARBOR, FL 34695 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. (NOTE: Registered Agent signature required when remetating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Added to Fees Trust Fund Contribution. U00000119761 OFFICERS AND DIRECTORS 10. 04/19/04-80111-018 150.00 DPT TITLE DAWSEY, REGINA K NAME 18 HARBOR LAKE CIRCLE STREET ADDRESS CITY-ST-ZP SAFETY HARBOR, FL VPS TITLE DAWSEY, FRED W NAME 18 HARBOR LAKE CIRCLE STREET ADDRESS SAFETY HARBOR, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CTY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CTY-ST-ZIP TITLE

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 of fusive 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:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZP

FRED DAWSEY VI. NECEN

4/14/04

727-726-3734

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