

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000019993

Entity Name: MUTUAL HOLDINGS, INC.

FILED
Aug 31, 2004
Secretary of State

Current Principal Place of Business:

6301 BISCAYNE BLVD.
SUITE 109
MIAMI, FL 33138 US

New Principal Place of Business:

P.O. BOX 8077
DELRAY BEACH, FL 33482 US

Current Mailing Address:

6301 BISCAYNE BLVD.
SUITE 109
MIAMI, FL 33138 US

New Mailing Address:

P.O. BOX 8077
DELRAY BEACH, FL 33482 US

FEI Number: 65-0817558

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHERMAN, THOMAS PA
218 ALMERIA AV
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

SHERMAN, THOMAS PA
218 ALMERIA AV
CORAL GABLES, FL 33134 US

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: THOMAS SHERMAN

08/31/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MOODY, KURT
Address: 837 4TH STREET #4
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: ST () Delete
Name: MOODY, ARDYN
Address: 837 4TH STREET #4
City-St-Zip: MIAMI BEACH, FL 33139 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MOODY, GENE
Address: 4629 PINE GROVE DRIVE
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: ST (X) Change () Addition
Name: MOODY, GENE
Address: 4629 PINE GROVE DRIVE
City-St-Zip: DELRAY BEACH, FL 33445 US

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: GENE MOODY

PTS

08/31/2004

Electronic Signature of Signing Officer or Director

Date