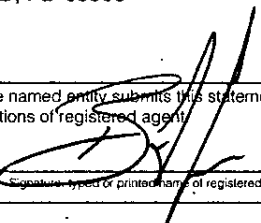
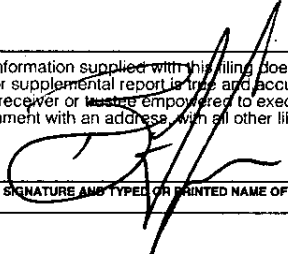


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P99000039936						FILED 04 OCT -8 AM 9:51 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name COMMFLO.COM CORPORATION							
Principal Place of Business 829 WOODWARD STREET LAKELAND, FL 33803 US							
Mailing Address 829 WOODWARD STREET LAKELAND, FL 33803 US							
2. Principal Place of Business 25 2nd Street North Suite 190 St. Petersburg, FL							
3. Mailing Address 25 2nd Street North Suite 190 St. Petersburg, FL				10072004 Chg-P CR2E034 (10/03)			
4. FEI Number 59-3631948				Applied For ☐ Not Applicable ☒			
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent KILEY, MARY L 829 WOODWARD ST LAKELAND, FL 33803			
7. Name and Address of New Registered Agent Name Craven, Brent A. Street Address (P.O. Box Number is Not Acceptable) 4134 48th Avenue South City St. Petersburg, FL Zip Code 33711							
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  Brent A. Craven, CEO DATE 10-7-04 (Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)							
Amended AR is \$61.25				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 P	NAME KILEY, R. JAY	☒ Delete		TITLE PVTSM	☐ Change ☒ Addition		
STREET ADDRESS 829 WOODWARD STREET	LAKELAND, FL 33803			NAME Craven, Brent A.	4134 48th Avenue South		
CITY - ST - ZIP	LAKELAND, FL 33803			STREET ADDRESS St. Petersburg, FL	33711		
TITLE VPST	NAME KILEY, MARY L	☒ Delete		TITLE C	☐ Change ☒ Addition		
STREET ADDRESS 829 WOODWARD ST	LAKELAND, FL 33803			NAME Joe Collier	701 South Howard Avenue - Ste 205		
CITY - ST - ZIP	LAKELAND, FL 33803			STREET ADDRESS Tampa, FL	33606		
TITLE D	NAME ROBERTS, BELINDA	☐ Delete		600041710096 10/08/04--01029--024 **70.00			
STREET ADDRESS 1319 OXFORD RD NE	ATLANTA, GA 30307			10/08/04--01029--024 **70.00			
CITY - ST - ZIP	ATLANTA, GA 30307			10/08/04--01029--024 **70.00			
TITLE D	NAME DONOVAN, JOSEPH	☐ Delete		600041710096 10/08/04--01029--024 **70.00			
STREET ADDRESS 5 DIANA DRIVE	CANTON, MA 02021			10/08/04--01029--024 **70.00			
CITY - ST - ZIP	CANTON, MA 02021			10/08/04--01029--024 **70.00			
TITLE 	NAME 	☐ Delete		600041710096 10/08/04--01029--024 **70.00			
STREET ADDRESS 				10/08/04--01029--024 **70.00			
CITY - ST - ZIP				10/08/04--01029--024 **70.00			
TITLE 	NAME 	☐ Delete		600041710096 10/08/04--01029--024 **70.00			
STREET ADDRESS 				10/08/04--01029--024 **70.00			
CITY - ST - ZIP				10/08/04--01029--024 **70.00			
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:  Brent A. Craven, CEO DATE 10-7-04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							

727-871-5509