2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 20, 2004 8:00 am Secretary of State DOCUMENT # S32511 1. Entity Name 04-20-2004 90030 006 ***150.00 AMERICAN LEGACY MARKETING, INC. Principal Place of Business Mailing Address 6628 TIM TAM TRAIN TALLAHASSEE FL 32308 4919 SANDESTIN DRIVE DALLAS TX 75287 2. Principal Place of Business 3. Mailing Address 4919 Sandestin Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State 4. FEI Number Applied For 59-3054321 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired u. 5. Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FORD, STEVEN Street Address (P.O. Box Number is Not Acceptable) 107 N PALAFOX ST PENSACOLA FL 32501 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE STD TITLE Delete Addition KESSLER, MARSHA Dixon, David NAME NAME Brentfield Court 6531 6628 TIM TAM TRAIL STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32308 CITY-ST-ZIP CiTY-ST-ZIP PD ☐ Delete TITLE TITLE ☐ Change ■ Addition BEEBE, SHIRLEY S NAME NAME STREET ADDRESS 4919 SANDESTIN DR STREET ADDRESS CITY-ST-ZIP DALLAS TX 75287 CITY-ST-ZIP ☐ Delete Change TITLE TITLE Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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

SIGNATURE:

FILED