2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address

SIGNATURE:

with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF

Mar 19, 2004 8:00 am Secretary of State DOCUMENT # P02000074977 1. Entity Name 03-19-2004 90067 032 ***150.00 MJR WINDMILL INVESTMENTS, INC. Principal Place of Business Mailing Address 19160 ARVIDA PKWY 1850 HIDDEN TRAIL LANE 24025569 SUITE 1, BLDG. J WESTON FL 33326 WESTON FL 33327 2. Principal Place of Business 3. Mailing Address ARVIDAPKWY PKWY 60 7160 ARVIDA Suite, Apt, #, etc. MOORE CR2E034 (11/03) Applied For 4. FEI Number 05-0521461 Not Applicable 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 Name BEHAR, RICK J Street Address (P.O. Box Number is Not Acceptable) 1850 HIDDEN TRAIL LANE WESTON FL 33327 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 agont and title if applicable. DATE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE Change Addition NAME BEHAR, RICK NAME STREET ADDRESS STREET ADDRESS 1850 HIDDEN TRAIL LN CITY-ST-ZIP WESTON FL 33327 CITY-ST-7IP Change TITLE ☐ Delete TITLE Addition BROWN ER, MARC GROWNER, MARC J NAME NAME 1607 ORION LN 1607 ORION LANG STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESTON FL: 33327 CITY-ST-ZIP Weston, FZ TITLE Delete TITLE ☐ Change ☐ 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 - ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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

FILED