2004 FOR PROFIT CORPORATION ANNUAL REPORT

May 21, 2004 08:00 AM Secretary of State DOCUMENT # P95000066075 1. Entity Name SURE VIEW, INC. Principal Place of Business Mailing Address 2731 NE JACKSONVILLE RD. 200A PO BOX 816 OCALA, FL 34470 OCALA, FL 34478 No Chg-P 04222004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3333924 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SHOTWELL, GEORGE C JR. DO NOT WRITE 2731 NE JACKSONVILLE RD. 200A OCALA, FL 34470 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS N٦ BILE U00000161175 05/21/04-80003-015 150.00 SHOTWELL, GEORGE C JR. NAME STREET ADDRESS 1039 NE 25TH ST. CUTY-ST-ZIP OCALA, FL 34470 TITLE NAME STREET ADDRESS CHTY - \$1 - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP 2121 5 IN THIS SPACE STREET ADDRESS City-S1-ZIP TITLE MAME

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 suppliamental 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: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

4/23/04 Date Deyard Prone #

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