

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 295027</b>		
1. Entity Name <b>VICTORIUM CORPORATION</b>		
Principal Place of Business <b>1425 BLACKWELDER ROAD DELEON SPRINGS, FL 32130 US</b>		Mailing Address <b>PO BOX 1136 DELEON SPRINGS, FL 32130-1136 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
01072004 No Chg-P CR2E034 (10/03)		
4. FEI Number <b>59-1100198</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
<b>COOK, MICHAEL J 1425 BLACKWELDER RD. DELEON SPRINGS, FL 32130</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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) DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COOK, MICHAEL J 1425 BLACKWELDER RD. DE LEON SPRINGS, FL 32130	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD COOK, STAR H 1425 BLACKWELDER RD. DE LEON SPRINGS, FL 32130	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS 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 changed, or on an attachment with an address, with another like empowered.		
SIGNATURE: 		<b>1/12/04</b> <b>386</b> <b>98-1241</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #