2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 26, 2004 8:00 am Secretary of State

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TITUSVILLE, FL 32780 ITIUSVILLE, FL 32780 2. Principal Place of Business Sullo, Apt. #, etc. Sullo, Apt. #, et	1. Entity Name						02-26-2004	4 90029 006 ***1		
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Suite, Apt. #, etc.										
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Spanish Span					01212004	Chg-P	CR2E034 (10/03)		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. The above named entity suburbs this statement of the purpose of changing its registered affice or registered agent, or both, in the State of Ficrida. I am familiar with, and accept the obligations of project agent and provided agent and live it supervision. 8. The above named entity suburbs this statement agent of the purpose of changing its registered affice or registered agent, or both, in the State of Ficrida. I am familiar with, and accept the obligations of project agent agent agent agent and the reference of project agent agen	City & State		City & State			l				
PASTERMACK, WILLIAM 2300 S WASHIGHTON AVE TITUSVILLE, FL 32780 8. The above named entity submits this statementator the purpose of changing its registered affice or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registering agent, and accept the obligations of registering agent. Solid or personal personal agent and the 1 applicable. PASTERMACK, WILLIAM 2300 S WASHIGHTON AVE IT USVILLE, FL 32780 8. The above named entity submits this statementation they purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registering agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registering agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registering agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and	,		1 '		y			\$8.75 A	dditional	
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		6. Name and Address of Current Registered Agent				7. Name and	Address of New I	Registered Agent		
E. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florica. I am familiar with, and accept the obligations of popter syngent. SIGNATURE	PASTERMACK WILLIAM				Name					
8. The above named entity submits this statement of 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 prefet registered agent. Signature	2300 S WASHIGNTON AVE				Street Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submits this statement of 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 prefet registered agent. Signature						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
SIGNATURE SIGNATURE SIGNATURE Signature, highest or printed frame of tregistened agent and titled it applicables. NOTE: Registened Agent dignature required when reinfalling) DATE TILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS ITTLE NOCHOLS, JOANN STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-2P PASTERMACK, WILLIAM STREET ADDRESS CITY-ST-2P ORLANDO, FL 171LE V PASTERMACK, ROBERT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITTLE NAME PASTERMACK, WILLIAM STREET ADDRESS CITY-ST-2P ORLANDO, FL 171LE V PASTERMACK, ROBERT ADDRESS CITY-ST-2P ORLANDO, FL STREET ADDRESS CITY-ST-2P ORLANDO, FL STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS CITY-ST-2P ORLANDO, FL STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS C	· · · · · · · · · · · · · · · · · · ·				-	FL '				
After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution.	SIGNATURE SIGNATURE Bill Pastermack owner 2-24-04									
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indicated on this report or supplemental report is true and accurate and that by signature shall have the same legal effect as if made under order, 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 ento like announced.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pastermack 2-24-04 321-267-1030

Daytime Phone #