2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004
Secretary of State

DOCUMENT# 555023

Entity Name: CHRISTMAS COTTAGE, INC.

Current Principal Place of Business:

1002 E NEW HAVEN AVE
MELBOURNE, FL 32901 US

New Principal Place of Business:

Current Mailing Address:

1002 E NEW HAVEN
MELBOURNE, FL 32901 US

New Mailing Address:

FEI Number: 59-1761508 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOPRESTI, DANO
355 PARK AVE.
SATELLITE BEACH, FL 32907 US

Name and Address of New Registered Agent:

LOPRESTI, DANO
520 BAY CIRCLE
INDIAN HARBOR BEACH, FL 32937 US

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.

SIGNATURE: 03/01/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LOPRESTI, DANO,
Address: 8255 SHORESIDE LN
City-St-Zip: MERRITT ISLAND, FL 32952

Title: S ( ) Delete
Name: LOPRESTI, RITA L.,
Address: 8255 SHORESIDE LN
City-St-Zip: MERRITT ISLAND, FL 32952

Title: V ( ) Delete
Name: LOPRESTI, DANO W.,
Address: 355 PARK AVE.
City-St-Zip: SATELLITE BCH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LOPRESTI, DANO,
Address: 520 BAY CIRCLE
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

Title: S (X) Change ( ) Addition
Name: LOPRESTI, RITA L.,
Address: 520 BAY CIRCLE
City-St-Zip: INDIAN HARBOR BEACH, FL 32952

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANO LOPRESTI OWNE 03/01/2004
Electronic Signature of Signing Officer or Director — Date