2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 583688

Entity Name: BOS GROUP INCORPORATED

FILED Apr 20, 2004 Secretary of State

4660 LEGENDARY DR. 4460 LEGENDARY DR.

STE. 400 STE. 400 DESTIN, FL 32541 DESTIN, FL 32541

Current Mailing Address: New Mailing Address:

4660 LEGENDARY DR. 4460 LEGENDARY DR. STE. 400 STE. 400

DESTIN, FL 32541 US DESTIN, FL 32541 US

FEI Number: 59-1845671 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MITCHELL W LEGLER 300A WHARFSIDE WAY JACKSONVILLE, FL 32207

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:

Date

Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

Name: BOS, PETER H, Name: BOS, PETER H JR. 4460 LEGENDARY DRIVE, SUITE 400 4460 LEGENDARY DRIVE, SUITE 400 Address: Address:

DESTIN, FL 32541 City-St-Zip: DESTIN, FL 32541 City-St-Zip:

Title: Title: () Delete (X) Change () Addition

Name: PARKER, WENDY L. Name: PARKER, WENDY

4460 LEGENDARY DRIVE, SUITE 400 4460 LEGENDARY DRIVE, SUITE 400 Address: Address:

DESTIN, FL 32541 DESTIN, FL 32541 City-St-Zip: City-St-Zip:

Title: () Delete Title: () Change () Addition BUSFIELD, DAVID Name: Name:

4460 LEGENDARY DRIVE, SUITE 400 Address: Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip:

Title: DPC () Delete Title: (X) Change () Addition BOS, PETER H III BOS, PETER H III Name: Name:

Address: 4460 LEGENDARY DRIVE, SUITE 400 Address: 4460 LEGENDARY DRIVE, SUITE 400

City-St-Zip: City-St-Zip: DESTIN, FL 32541 DESTIN, FL 32541

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: WENDY PARKER S 04/20/2004