2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Apr 19, 2004 8:00 am Secretary of State **DOCUMENT # 609900** 1. Entity Name 04-19-2004 90316 016 ***150.00 4201 MANAGEMENT GROUP, INC. Principal Place of Business Mailing Address 120 43RO AVENUE -VERO BEACH FL 32961 120 43RD AVENUE VERO BEACH FL 32961 2. Principal Place of Business 3. Mailing Address 2911 OCEAN DR. 2911 OCEA Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number City & State City & State Applied For 59-1900741 EACH FL VEKO Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 4 SMITER SPYTEK, EARL 7. 4201 6TH LN S.W. VERO BEACH FL 32962 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 as SIGNATURE IOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE SD Delete TITLE PRESIDENT Addition 4201 MGMT GROUP, ITE NAME SPYTEK, EARL T. NAME STREET ADDRESS 4201 6TH LN S.W. STREET ADDRESS VERO BEACH FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 all other like empowered?

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