2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# 736915

Entity Name: ARETE, INC.

Current Principal Place of Business:

13717 N. 42ND ST.
#9
TAMPA, FL 33613 US

New Principal Place of Business:

Current Mailing Address:

13717 N. 42ND ST.
#9
TAMPA, FL 33613 US

New Mailing Address:

ARETE INC USF 30367
4202 EAST FOWLER AVE
TAMPA, FL 33620-303 US

FEI Number: 59-2232461 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DAVIS, DICKEY P
10513 LAKE WILLIAMS DRIVE
ODESSA, FL 335562615 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	DAVIS, DICKEY	
Address:	10513 LAKE WILLIAMS DR	
City-St-Zip:	ODESSA, FL 33556 US	
Title:	TD	(X) Delete
Name:	HUEY, FLOYD	
Address:	8309 VALLEJO PLACE	
City-St-Zip:	TAMPA, FL 33614	
Title:	FD	( ) Delete
Name:	BRAY, TAL	
Address:	1014 CORAL STREET	
City-St-Zip:	TAMPA, FL 33602	
Title:	CD	( ) Delete
Name:	OVERMAN, THOMAS	
Address:	19802 DEER HOLLOW LANE	
City-St-Zip:	LUTZ, FL 33548	
Title:	SD	(X) Delete
Name:	MINEBURG, DAVID	
Address:	13717 N 42ND STREET	
City-St-Zip:	TAMPA, FL 33613	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DICKEY P. DAVIS PD 04/30/2004

Electronic Signature of Signing Officer or Director — Date