



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 814294 1. Entity Name TAMiami BASKET CENTER, INC.	
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Principal Place of Business PO BOX 710 PUTNEY, VT 05346 US	Mailing Address THOMAS W. COSTELLO, P.C. PO BOX 483, 51 PUTNEY RD BRATTLEBORO, VT 05301
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DO NOT WRITE IN THIS SPACE

	
02062004 No Chg-P CR2E034 (10/03)	
4. FCI Number 03-0211496	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BERG, SKIP 1872 S. TAMiami TRAIL SUITE D VENICE, FL 34293	DO NOT WRITE IN THIS SPACE
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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 agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000092425 03/19/04-800008-009 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OBUCHOWSKI, MICHAEL 72 ATKINSON ST. BELLOWS FALLS, VT
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD WILSON, GREGORY D RIVER ROAD PUTNEY, VT
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S COSTELLO, THOMAS W 51 PUTNEY ROAD BRATTLEBORO, VT 05301
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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.

SIGNATURE: Thomas W. Costello Secretary 3/15/03 (802) 257-5533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #