2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 26, 2004 8:00 am Secretary of State DOCUMENT # 843652 04-26-2004 90532 025 ***150 00 1. Entity Name GRENADA N.V. CORP. OF THE NETHERLANDS ANTILLES Principal Place of Business Mailing Address 255 S. ORANGE AVE., 17TH FLOOR 255 S. ORANGE AVE., 17TH FLOOR P. O. BOX 231 P. O. BOX 231 ORLANDO, FL 32802 ORLANDO, FL 32802 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092004 CR2E034 (10/03) Cha-P City & State City & State 4, FEI Number Applied For 98-0044489 Not Applica Zip Country Zip 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 Name CORPORATION INFORMATION SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES STREET TALLAHASSEE, FL 32301 City Zip Code FI 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 acce the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW !!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DM Delete TITLE TITLE Change 🗋 Addil . CURACAO INTERNA TRUST CO NAME NAME STREET ADDRESS **DE RUYTERKADE 62** STREET ADDRESS CITY-ST-ZIP CURACAO NETHERLAND, CITY-ST-ZIP DM Delete TITLE Change 🗌 Addil TITLE 230 AUFSEESSER, ERNST NAME NAME STREET ADDRESS C/O 21 RUE DU MT BLANC STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP GENEVA SWITZERLAND, DM TITLE Delete TITLE Change 🔲 Addit KURZ, PIERRE NAME NAME STREET ADDRESS STREET ADDRESS C/O 21 RUE DU MT BLANC CITY-ST-ZIP CITY-ST-7P GENEVA SWITZERLAND, Delete DM TITLE Change 🔲 Addit TITLE WEBER, JEAN-PIERRE NAME NAME STREET ADDRESS **BELCHENSTR 19** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BASLE, SW TITLE Delete TITLE Change Addit NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZP

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indicated of the cor	certify that the information supplied with this filing does not qualify for the on this report or supplemental/report is true and accurate and that my poration or the received or trustee empowered to execute this report as or on an attachment with an address, with all other like empowered.	signature shall h	ave the same legal e	effect as if made under oath; th	at I am an officer	or directo
SIGNAT	URE: Ulun	P.I	Kurz	4/13/04		

SIGNATURE:

P. Kurz

4/19/04

FILED