2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 29, 2004 8:00 am Secretary of State

Mailing Address
14.5 PICASANT HILL RD SCARBOROUGH, ME 04074
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City & State Country Country Country Zip Country Zip Country Zip Country S. Certificate of Status Desired S. Rane and Address of Current Registered Agent T. Name and Address of New Registered Agent Name Name Name Name Name Corporation SERVICE COMPANY 1201 HAVS STREET TALLAHASSEE, FL 32301-2525 City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address of New Registered Agent City FL Zip Code Street Address of New Registered Agent City FL Zip Code Street Address of New Registered Agent City FL Zip Code Street Address of New Registered Agent City FL Zip Code Street Address of New Registered Agent City FL Zip Code Street Address of New Registered Agent Street Address of New Registered Agent Total Have a control registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations or registered agent. Signature type or private remote registered agent. Signature type or private remote registered agent. Signature
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Name
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hybrid or printed name of registered agent and site if adolicable. (NOTE: Registered Agent square required when reinstating) Particle Signature, hybrid or printed name of registered agent and site if adolicable. (NOTE: Registered Agent square required when reinstating) Particle Signature, hybrid or printed name of registered agent and site if adolicable. (NOTE: Registered Agent square required when reinstating) Particle Signature, hybrid or printed name of registered agent and site if adolicable. (NOTE: Registered Agent square required when reinstating) Signature Signature, hybrid or printed name of registered agent, or both, in the State of Florida. I am familiar with, and accept the body agent agents with and scale of Florida. I am familiar with, and accept the body agent square required agent, or both, in the State of Florida. I am familiar with, and accept the body agent square required agent, or both, in the State of Florida. I am familiar with, and accept the body agent square required agent, or both, in the State of Florida. I am familiar with, and accept the body agent square required agent, or both, in the State of Florida. I am familiar with, and accept the body agent square required agent agents of Florida. I am familiar with, and accept the body and accept the body addition. Signature Particle Partic
B. 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 from the obligations of registered agent. SIGNATURE Signature, typed or pirited name of registered agent and tile if accitable. (NOTE: Registered Agent signature required when namedating) DATE
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NAME BOWNE IV, GARRETT D NAME
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CITY-ST-ZIP SCARBOROUGH, ME 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

Increpty certify that the information supplied with this hilling does not quality 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.

SIGNATURE: _

SIGNATURE AND TYPES OF FRUNTED NAME OF SIGNING OFFICER OR DIRECTOR