


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F01000003174  
 1. Entity Name  
 CONNELLY BILLIARD MANUFACTURING, INC.



Principal Place of Business 1440 SOUTH EUCLID AVE. TUCSON, AZ 85713-1710	Mailing Address 1440 SOUTH EUCLID AVE. TUCSON, AZ 85713-1710
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**DO NOT WRITE IN THIS SPACE**



02242004 No Chg-F CR2E034 (10/03)

4. FE# Number 86-0609867	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  
 GOULD, CHRISTIAN  
 1515 SOUTH TAMiami TRAIL STE 6A  
 SOUTHRIDGE PARK  
 VENICE, FL 34292

**DO NOT WRITE IN THIS SPACE**

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.  \$5.00 May Be Added to Fees

U00000111388  
 04/13/04-80015-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TOMIZUKA, DAVID 1440 SOUTH EUCLID AVE. TUCSON, AZ
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CONNELLY, SUZANNE H 675 SUN VALLEY ROAD KETCHUM, ID
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD CONNELLY, CRAIG 675 SUN VALLEY ROAD SALISBURY, ID
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)(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: David Tomizuka - David Tomizuka, President 4/5/04 (520)  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 624-6000  
 X27 Daytime Phone #