2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004
Secretary of State

DOCUMENT# F01000004375

Entity Name: ALL FINANCIAL NETWORK, INC.

Current Principal Place of Business:

4532 TAMIAMI TRAIL EAST
NAPLES, FL 34112

New Principal Place of Business:

5043 TAMIAMI TRAIL EAST
NAPLES, FL 34113

Current Mailing Address:

4532 TAMIAMI TRAIL EAST
NAPLES, FL 34112

New Mailing Address:

5043 TAMIAMI TRAIL EAST
NAPLES, FL 34113

FEI Number: 94-3396589 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLEISHER, DAVID
C/O ALL FINANCIAL NETWORK, INC.
4532 TAMIAMI TRAIL EAST
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

FLEISHER, DAVID
C/O ALL FINANCIAL NETWORK, INC.
5043 TAMIAMI TRAIL EAST
NAPLES, FL 34113 US

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: _____ 02/04/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: FLEISHER, DAVID
Address: 4532 TAMIAMI TRAIL EAST
City-St-Zip: NAPLES, FL 34112

Title: CD ( ) Delete
Name: FLEISHER, DAVID
Address: 4532 TAMIAMI TRAIL EAST
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: FLEISHER, DAVID
Address: 5043 TAMIAMI TRAIL EAST
City-St-Zip: NAPLES, FL 34113

Title: CD (X) Change ( ) Addition
Name: FLEISHER, DAVID
Address: 5043 TAMIAMI TRAIL EAST
City-St-Zip: NAPLES, FL 34113

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID M. FLEISHER PST 02/04/2004
Electronic Signature of Signing Officer or Director — Date