2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Aug 17, 2004 08:00 AM Secretary of State DOCUMENT # F02000000875 PATHFINDERS ASAP, INC. Mailing Address Principal Place of Business P.O. BOX 351207 P.O. BOX 351207 PALM COAST, FL 32135 PALM COAST, FL 32135 08102004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-3286878 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent FAGAN, EUSTUS DO NOT WRITE 4 BUTTERFIELD PLACE PALM COAST, FL 32137 IN THIS SPACE 5. 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) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fee Due by September 8, 2004 10. OFFICERS AND DIRECTORS PCD meMAME FAGAN, EUSTUS U00000170297 08/17/04-80002-003 158.75 PO BOX 351207 STREET ADDRESS CITY-ST-ZIP PALM COAST, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS DO NOT WRITE CRY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - 5T- ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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.

TED NAME OF SIGNING OFFICER OR DIRECTOR

FILED