


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90019 019 ***150.00

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| DOCUMENT # F02000002463 | |  | |
| 1. Entity Name ELAN USA GROUP, INC. | | | |
| Principal Place of Business 146 SECOND STREET NORTH, SUITE 310 ST. PETERSBURG, FL 33701 | | Mailing Address 146 SECOND STREET NORTH, SUITE 310 ST. PETERSBURG, FL 33701 | |
| 2. Principal Place of Business 146 Second Street North | | 3. Mailing Address 9955 Stockbridge Drive | |
| Suite, Apt. #, etc. Suite 310 | | Suite, Apt. #, etc. | |
| City & State St. Petersburg FL | | City & State Tampa FL | |
| Zip 33701 | Country USA | Zip 33626-1841 | Country USA |
| 6. Name and Address of Current Registered Agent VOYNOVICH, MICHAEL J 146 SECOND STREET NORTH, SUITE 310 ST. PETERSBURG, FL 33701 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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: <i>Michael J. Voynovich</i> Michael J. Voynovich, President 4-12-04 (NOTE: Registered Agent signature required when reinstating) | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CPT VOYNOVICH, MICHAEL J 500 TRINITY LANE #7308 ST. PETERSBURG, FL 33716 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | CPT Voynovich, Michael J. 9955 Stockbridge Drive Tampa FL 33626 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPSD LYNN, LORI A 500 TRINITY LANE #7308 ST. PETERSBURG, FL 33716 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPSD Lynn, Lori A. 9955 Stockbridge Drive Tampa, FL 33626 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VC VOYNOVICH, PETER 1536 DEL WEBB W. BLVD. SUN CITY CENTER, FL 33573 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Michael J. Voynovich* Michael J. Voynovich 4-12-04 (727)258-0193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #