


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90010 002 ***158.75

DOCUMENT # F02000003279	
1. Entity Name DARMA B.V.	

Principal Place of Business PRINSENGRACHT 701, 1017JV AMSTERDAM, NETHERLANDS,	Mailing Address 609 E. PINE STREET ORLANDO, FL 32801 US
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DO NOT WRITE IN THIS SPACE



02172004 No Chg-P CR2E034 (10/03)

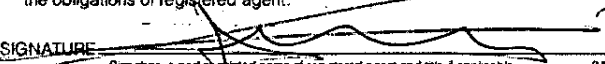
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HENIN, JEROME
609 E PINE STREET
ORLANDO, FL 32801**

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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  DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

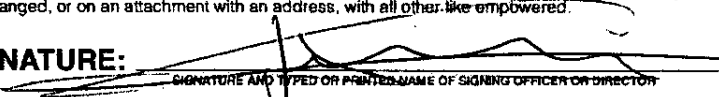
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C TAYLOR, FRANK DAVID PRINSENGRACHT 701 1017JV AMSTERDAM NETHERLANDS,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BANHOLZER, GUIDO WENGISTRASSE 7 8004 ZURICH SWITZERLAND,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRERA, EDAURDO JOSE V WENGISTRASSE 7 8004 ZURICH, SWITZERLAND,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZANOTTO, NIVES WENGISTRASSE 7 8004 ZURICH SWITZERLAND,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **Feb. 21 04 407426 8919**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #