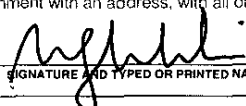


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000003928 1. Entity Name ROYAL MOULDINGS LIMITED CORP.					
Principal Place of Business 6100 NEIL ROAD SUITE 500 WOODBURN AND WEDGE RENO, NV 89511-1149			Mailing Address 6100 NEIL ROAD SUITE 500 WOODBURN AND WEDGE RENO, NV 89511-1149		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number 98-0259179	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ (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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DE ZEN, VIC 6100 NEIL ROAD SUITE 500 RENO, NV 89511149 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director + Secretary Douglas Dunsmuir 6100 Neil Road Suite 500 Reno, NV 89511149 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, LARRY 6100 NEIL ROAD SUITE 500 RENO, NV 89511149 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	200031837932 04/05/04--0105/---003 **291.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHEPARD, MICHAEL 6100 NEIL ROAD SUITE 500 RENO, NV 89511149 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: 			Date: march 29/04 Daytime Phone #: 905-264-0701		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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