2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F02000004392

Name:

Address:

City-St-Zip:

DOUGLAS, SALLY L

2028 CATALINA MARIE

HENDERSON, NV 89074

Entity Name: EXPANSION SPECIALTIES, INC.

FILED Jan 13, 2003 Secretary of State

| Current P | rincipal Place | e of Business: | New Principal Place | New Principal Place of Business: | |
|---|--|---|---|---|--|
| STE. B | BSON ROAD BON, NV 8901 | 4 | | | |
| Current Mailing Address: | | | New Mailing Addres | New Mailing Address: | |
| STE. B | BSON ROAD BON, NV 8901 | 4 | | | |
| FEI Number | : 88-0210388 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| 145 N. MÁ ORLANDO The above | D. FRANK GNOLIA AVE. D, FL 32801 named entity of Florida. | US submits this statement for the រុ | ourpose of changing its registere | d office or registered agent, or both, | |
| | | | | | |
| SIGNATURE: Electronic Signature of Registered Agent | | | ent | Date | |
| | mpaign Financin S AND DIREC | g Trust Fund Contribution(). TORS: | ADDITIONS/CHANG | ES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | CP (DOUGLAS, WI 2028 CATALIN, HENDERSON, | A MARIE AVE. | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | V (JAEGER, LORI 737 YELLOW HENDERSON, | TAIL WAY | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title [.] | ST (|) Delete | Title [.] | () Change () Addition | |

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.

Name:

Address:

City-St-Zip:

SIGNATURE: LORI L. JAEGER V 01/13/2003