FILED May 03, 2004 8:00 am Secretary of State 2004 FOR PROFIT CORPORATION ANNUAL REPORT

Zip Country	I. Entity Name			30700		16								
1175 ADKINS, SUITE 101 HOUSTON, TX 77055 1. Principal Place of Business 3. Mairing Address Suite, Apl. #, elc. Suite, Apl. #, elc. Suite, Apl. #, elc. City & State City & State City & State City & State A. FEI Number 55-0798758 Not Applied Fic	RIMISER	(VICES G	ROUP, INC.			16								
Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. O4262004 Chg-P CR2E034 (10/03) City & State Country Zip Country Zip Country S. Certificate of Status Desired \$6. Name and Address of Current Registered Agent To CORPORATION SYSTEM 200 SOUTH PINE ISLAND ROAD PLANTATION, FL. 33324 City The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Forida. I am familiar with, and sociate obligations of registered agent. INGNATURE Signary type of prince rare or registered agent. INGNATURE Signary type of prince rare or registered agent. INGNATURE Signary type of prince rare or registered agent. INGNATURE Signary type of prince rare or registered agent. INGNATURE Signary type of prince rare or registered agent. INGNATURE Signary type of prince rare or registered agent. INGNATURE Signary type of prince rare or registered agent. INGNATURE Signary type of prince rare or registered agent. INGNATURE Signary type of prince rare or registered agent. INGNATURE Signary type of prince rare or registered agent. INGNATURE Signary type of prince rare or registered agent. INGNATURE Signary type of prince rare or registered agent. INGNATURE Signary type of prince rare or registered agent. INGNATURE Signary type of prince rare or registered agent. INGNATURE Signary type of princers and Diffectors in the supplementary type. Signary Address (P.O. Box Numbers in the State of Forida. I am familiar with, and social registered agent. INGNATURE Signary type of princers and Diffectors in the supplementary type. Signary Address of Popt. In the supplementary type. Signary Address of Popt. In the supplementary type. Signary Address of Popt. In the supplementary type. IN the princers and Diffectors in the supplementary type. Signary Address of Popt. In the supplementary type. Signary Address of Popt. In the supplementary type.	rincipal Place	e of Business		Mailin	ng Address									
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City FL Zip Code The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acc three colligations of registered agent. GNATURE Squature, typest or printed name of registered agent and title of applicable. (NOTE: Registered Agent squature required when reintaking) PILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THE PTEV MAKE ROBERTS, GEOFFREY ROBERTS, GEOFFREY ROBERTS, GEOFFREY ROBERTS, GEOFFREY ROBERTS, GEOFFREY ROBERTS, GEOFFREY ROBERT ADDRESS I175 ADKINS, SUITE 101 HOUSTON, TX 77055 TILE BEVD Delete TITLE DUENNER, GEOFFREY ROBERT ADDRESS 1176 ADKINS, SUITE 101 HOUSTON, TX 77055 TITLE BYD Delete BYD Delete TITLE BYD Delete BYD D	TCORP	ORATION	SYSTEM											
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12. Thereby 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	FILI After Ma O. ITLE IMME IRRET ADDRESS ITY-ST-ZIP ITLE IMME IRRET ADDRESS ITY-ST-ZIP ITLE IMME IRRET ADDRESS ITY-ST-ZIP ITLE IMME ITREET ADDRESS ITY-ST-ZIP ITLE IMME	PTEV ROBERTS 1175 ADKI HOUSTON EVD BROOKS, 1175 ADKI HOUSTON EVD JANNASC 1175 ADKI HOUSTON EVD JANNASC 1175 ADKI HOUSTON EVD JANNASC 1175 ADKI HOUSTON EVD TAUTENH 1175 ADKI HOUSTON EVD TAUTENH 1175 ADKI HOUSTON	FEE IS \$150.00 Fee will be \$55 OFFICERS AI GEOFFREY NS, SUITE 101 TX 77055 CURTIS NS, SUITE 101 TX 77055 H, GREG NS, SUITE 101 TX 77055 H, GREG NS, SUITE 101 TX 77055 AM, JOHN NS, SUITE 101 TX 77055 LORETTA NS, SUITE 101	50.00	9. Election Camporary Trust Fund Cor DRS Delete Delete Delete	aign Financintribution. 11. Title NAME STREET / CITY-ST	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS 1-ZIP	\$5.0 Added	O May Be d to Fees ADDITIONS				Change Change Change Change Change	Addition Addition Addition Addition Addition Addition