

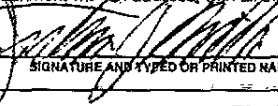


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F03000001498</b>		
1. Entity Name MILLER COOPER & COMPANY, CPAS, P.C.		
Principal Place of Business 305 MADISON AVENUE, SUITE 2218 NEW YORK, NY 10165		Mailing Address 305 MADISON AVENUE, SUITE 2218 NEW YORK, NY 10165
<b>DO NOT WRITE IN THIS SPACE</b>		
		 04292004 No Chg-P CR2E034 (10/03)
		4. FEI Number 11-3218148 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  BLOOM, IRWIN E 7700 CONGRESS AVE., #1108 BOCA RATON, FL 33487		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>  •U000000149699 05/03/04-80196-017 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC MILLER, JULIAN J 305 MADISON AVENUE, STE 2218 NEW YORK, NY 10165	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPVC COOPER, EDWARD S 305 MADISON AVENUE, STE 2218 NEW YORK, NY 10165	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BLOOM, IRWIN E 7700 CONGRESS AVENUE, #1108 BOCA RATON, FL 33487	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  JULIAN J. MILLER		4/29/04 NY-818-9700 Date Daytime Phone #