2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000005801 CHELSEA RESIDENTIAL GROUP, INC. MAY -5 PH 5: 54 Principal Place of Business Mailing Address SECRETARY OF STATE 1518 W. KOENIG LANE 1518 W. KOENIG LANE AUSTIN, TX 78756-1416 AUSTIN, TX 78756-1416 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 74-2925238 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EDCOLAW, INC. 6 E. BAY ST., STE. 500 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE, FL 32202 Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE 1\$ \$150.00 \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CDP TITLE □ Delete TITLE ☐ Change ☐ Addition CONK, EDWARD W NAME NAME STREET ADDRESS 1518 W. KOENIG LANE STREET ADDRESS CITY-ST-ZIP AUSTIN, TX 787561416 CITY-ST-ZIP DS TITLE Delete TITLE Change ☐ Addition **600036080436** 05/12/04--01013--010 **291. CONK, JOELLYN NAME NAME STREET ADDRESS 1518 W. KOENIG LANE STREET ADDRESS CITY-ST-7IP AUSTIN, TX 787561416 CITY-ST-ZIP DILE ☐ Delete TITLE ☐ Change ☐ Addition CONK, CHRISTOPHER NAME NAME STREET ADDRESS 1518 W. KOENIG LANE STREET ADORESS CITY-ST-7IP AUSTIN, TX 787561416 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME CASTANEDA, JOSE A NAME 1518 W. KOENIG LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AUSTIN, TX 787561416 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 emprehered 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:

dale SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 428-04

512-415-0330