2004 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 22, 2004 08:00 AM Secretary of State DOCUMENT # F26056 PETÉRSON ENTERPRISES OF ORLANDO, INC. Principal Place of Business Mailing Address 812 OCEAN BLVD 812 OCEAN BLVD ATLANTIC BEACH, FL 32233 US ATLANTIC BEACH, FL 32233 US No Chg-P CR2E034 (10/03) 04202004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2076062 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent RUSSELL JR, ERNEST L DO NOT WRITE 460 OCEAN BLVD ATLANTIC BCH, FL 32233 IN THIS SPACE 3. 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 INOTE. Registered Agent signature required when reinstating DATE 11/mmn123926 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 U4/22/04-80023-014 150.m Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE ANDERSON, ANN NAME STREET ADDRESS 2700 S. ORANGE AVE #220 CITY-ST-ZIP ORLANDO, FL 00000, DP TITLE RUSSELL, ERNEST'L JR STREET ADDRESS 460 OCEAN BLVD CITY-ST-ZIP ATLANTIC BCH, FL 32233 TITLE MASAF STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP me NAME

12. I hereby certify that the information supplied with this filling 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: IG OFFICER OR DIRECTOR Daviima Phone #

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CRY-ST-ZIP