2004 FOR PROFIT CORPORATION ANNUAL REPORT

NAME STREET ADDRESS CITY ST ZIP RITLE NAME STREET ADDRESS CITY - ST - ZIP

Jan 20, 2004 08:00 AM ---**DOCUMENT # F93000005248 Secretary of State** 1. Entity Name ANEJO, INC. Principal Place of Business Mairing Address P.O. BOX 275 P.O. BOX 275 LEWES, DE 19958 US LEWES, DE 19958 115 01122004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0439753 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DAVIS, WILLIAM S CAPTAIN DO NOT WRITE SAILFISH MARINA 98 LAKE DRIVE/ P.O. BOX 10848 IN THIS SPACE PALM BEACH SHORES, FL 33419 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 granted name of regulatived agent and title if applicable (NOTE, Registered Agent signature regured when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FiLE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PCSD BRE FISCHER, RICHARD S NAME STREET ADDRESS P.O. BOX 275 NA CITY - ST - ZIP LEWES, DE U00000007865 01/20/04-80040-011 150.00 3377 FISCHER, RICHARD S NAME P.O. BOX 275 NA STREET ADORESS CITY ST ZIP LEWES, DE ۷Đ BBF DAVIS, WILLIAM S 15607 89TH AVENUE NORTH STREET ADDRESS DO NOT WRITE CITY - SI - ZIP PALM BEACH GARDENS, FL 33418 IN THIS SPACE BRF NAME STREET ADDRESS CTTY - ST - Z8P TITLE

FILED

12. I hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(f), 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: 641 ACTIVED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR DOLL DOLL DAY PROPERTY.