


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000000535 1. Entity Name MASSACHUSETTS NUMA, INC.	
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Principal Place of Business 305 DELTONA BLVD DELTONA, FL 32725-8069	Mailing Address 141 MAIN STREET C/O KLINE & CO CPA PC NASHUA, NH 03060-2239
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DO NOT WRITE IN THIS SPACE



01162004 No Chg-P CR2E034 (10/03)

4. FEI Number 04-3172285	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SMITH, LAWRENCE 505 DELTONA BLVD UNIT 105 DELTONA, FL 32725

DO NOT WRITE IN THIS SPACE

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 _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, LAWRENCE C 305 DELTONA BLVD UNIT 105 DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREGG, GEORGE 10 NORTHERN BOULEVARD, UNIT #12 AMHERST, NH 03031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, CHARLES M 505 DELTONA BLVD UNIT 105 DELTONA, FL 327258069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FARKAS, STEPHEN 150 WESTFORD ROAD TYNGSBORO, MA 01879
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, LAWRENCE W 505 DELTONA BLVD UNIT 105 DELTONA, FL 327258069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000014422 01/27/04-80021-014 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: <u>Lawrence W. Smith, Pres.</u> <u>1/23/04</u> <u>386-860-5858</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>
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