2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003532

Entity Name: THE CAUCASUS NETWORK, INC.

FILED Jan 05, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8886 LIVINGSTON WAY
BOYNTON BEACH, FL 334740147
3527 PINE LAKE COURT
DELRAY BEACH, FL 33445

Current Mailing Address: New Mailing Address:

8886 LIVINGSTON WAY
BOYNTON BEACH, FL 334740147
3527 PINE LAKE COURT
DELRAY BEACH, FL 33445

FEI Number: 13-3451433 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KENVIN, HELENE
8886 LIVINGSTON WAY
KENVIN, HELENE
3527 PINE LAKE COURT

BOYNTON BEACH, FL 33437 US DELRAY BEACH, FL 33445 US

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.

SIGNATURE: 01/05/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVC () Delete Title: PVC (X) Change () Addition Name: KENVIN, HELENE KENVIN, HELENE

 Name:
 KENVIN, HELENE
 Name:
 KENVIN, HELENE

 Address:
 8886 LIVINGSTON WAY
 Address:
 3527 PINE LAKE COURT

 City-St-Zip:
 BOYNTON BEACH, FL 33437
 City-St-Zip:
 DELRAY BEACH, FL 33445

Title: DV () Delete Title: DV (X) Change () Addition

 Name:
 KENVIN, HOWARD
 Name:
 KENVIN, HOWARD

 Address:
 8886 LIVINGSTON WAY
 Address:
 3527 PINE LAKE COURT

 City-St-Zip:
 BOYNTON BEACH, FL 33437
 City-St-Zip:
 DELRAY BEACH, FL 33445

Title: S () Delete Title: () Change () Addition

 Name:
 SCHWARTZ, BARRY A
 Name:

 Address:
 225 HARVARD AVENUE
 Address:

 City-St-Zip:
 ROCKVILLE CENTER, NY 11510
 City-St-Zip:

Title: TC () Delete Title: () Change () Addition

 Name:
 ELLMAN, GOLDIE
 Name:

 Address:
 12 CELIA COURT
 Address:

 City-St-Zip:
 SUFFERN, NY 10901
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELENE KENVIN P 01/05/2004