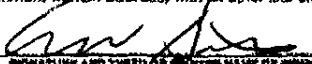


FILED

Apr 30, 2004 08:00 AM
Secretary of State**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F99000003553														
1. Entity Name DREISS RESEARCH CORPORATION														
Principal Place of Business 100 COLONIAL CENTER PKWY SUITE 140 LAKE MARY, FL 32746 US		Mailing Address 100 COLONIAL CENTER PKWY SUITE 140 LAKE MARY, FL 32746 US												
DO NOT WRITE IN THIS SPACE														
6. Name and Address of Current Registered Agent LEFKOWITZ, IVAN M ESQ. 430 N. MILLS AVENUE ORLANDO, FL 32803		4. FEI Number 94-3140846 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required												
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: _____ (NOTE: Registered Agent signature required when registering) _____ DATE: _____														
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fee												
10. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td> POB DREISS, EDWARD W 2812 JACARANDA ST CARLSBAD, CA 92008 </td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td></td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	POB DREISS, EDWARD W 2812 JACARANDA ST CARLSBAD, CA 92008	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE 000000143776 04/30/04-80105-012 150.00
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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)(b), 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 807, 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:  E.W. DREISS, PRESIDENT 4/20/04 760-944-8820 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR														