2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006251

Name:

Address: City-St-Zip: FILED Mar 05, 2004 Secretary of State

Entity Name: CITRUSPLANET.COM, INC. **Current Principal Place of Business: New Principal Place of Business:** 342 WALL STREET PRINCETON, NJ 08540 **Current Mailing Address: New Mailing Address:** 342 WALL STREET PRINCETON, NJ 08540 FEI Number: 52-2191590 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: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition ROGERS, CALVIN W Name: Name: 113 YORK DRIVE Address: Address: City-St-Zip: PRINCETON, NJ 08540 City-St-Zip: Title: CD Title: () Delete () Change () Addition Name: SMITH, DAVID M Name: 68 MONTADALE DRIVE Address: Address: MILMAY, NJ 08540 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition ROGERS, AMY S Name: Name: 113 YORK DRIVE Address: Address: City-St-Zip: PRINCETON, NJ 08540 City-St-Zip: Title: () Delete Title: () Change () Addition WHITE, WALKER Name: Name: Address: 4822 QUEBEC STREET, N.W. Address: City-St-Zip: City-St-Zip: WASHINGTON, DC 20016 Title: Title: () Delete () Change (X) Addition

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

MIKE, BAVARO

342 WALL STREET

PRINCETON, NJ 08540

SIGNATURE: CALVIN WILLIAM ROGERS CD 03/05/2004