

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # G47821</b> 1. Entity Name <b>DUVSTER, INC.</b>			
Principal Place of Business <b>21 OAKDENE PARK</b> <b>FINCHLEY LONDON ENGLAND, n3-1eu</b>		Mailing Address <b>29 BYRON MEWS</b> <b>LONDON ENGLAND, NW3 -2NQ</b>	
2. Principal Place of Business <b>29 BYRON MEWS</b> Suite, Apt. #, etc. <b>HAMPSTEAD</b>		3. Mailing Address Suite, Apt. #, etc.  City & State <b>LONDON</b>	
City & State <b>LONDON</b>		4. FEI Number <b>NOT APPLICABLE</b>	
Zip <b>NW3 2NQ</b>		Country <b>ENGLAND</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		05122004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>MASON, JOSEPH M., JR.</b> <b>101 SOUTH MAIN STREET</b> <b>108 NORTH MAIN STREET</b> <b>BROOKSVILLE, FL 34298-8900</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>PD</b>	NAME <b>STERN, DAVID A.</b>	TITLE <b>PD</b>	NAME <b>STERN, DAVID A.</b>
STREET ADDRESS <b>21 OAKDENE PARK</b>	CITY-ST-ZIP <b>FINCALEY LONDON ENGLAND, n3 1eu</b>	STREET ADDRESS <b>29 BYRON MEWS</b>	CITY-ST-ZIP <b>LONDON, ENGLAND, NW3 2NQ</b>
TITLE  	NAME  	TITLE <b>DIRECTOR</b>	NAME <b>RUTH STERN</b>
STREET ADDRESS  	CITY-ST-ZIP  	STREET ADDRESS <b>29 BYRON MEWS, 1</b>	CITY-ST-ZIP <b>LONDON, ENGLAND, NW3 2NQ</b>
TITLE  	NAME  	TITLE  	NAME  
STREET ADDRESS  	CITY-ST-ZIP  	STREET ADDRESS  	CITY-ST-ZIP  
TITLE  	NAME  	TITLE  	NAME  
STREET ADDRESS  	CITY-ST-ZIP  	STREET ADDRESS  	CITY-ST-ZIP  
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.			
<b>SIGNATURE: DAVID A. STERN</b>		<b>5/14/04</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

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