2004 FOR PROFIT CORPORATION

Feb 25, 2004 8:00 am ANNUAL REPORT (AR) **Secretary of State** DOCUMENT # G74466 * * & 1. Entity Name 02-25-2004 90037 008 ***150.00 PACE MARKETING GROUP, INC. Principal Place of Business Mailing Address P.O. BOX 49421 P.O. BOX 49421 **ひよひすすひりよ** SARASOTA FL 34230 SARASOTA FL 34230 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #. etc. CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 59-2365238 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DELIETO, LR Street Address (P.O. Box Number is Not Acceptable) 650 GOLDEN GATE POINT SUITE 501 SARASOTA FL 34236 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE DELIETOILA ☐ Delete DELIETUTARLES LANE 4451 CHARLES LANE SARASOTA, FL 34234 DELIETO, LR NAME STREET ADDRESS 650 GOLDEN GATE POINT STREET ADDRESS CITY-ST-7IP SARASOTA FL 34236 CITY-ST-ZIP STVP ☐ Delete TITLE NAME DE LIETO, JEANNE H. NAME ARBSOTA, FL 34234 650 GOLDEN GATE POINT #501 STREET ADDRESS STREET ADDRESS SARASOTA FL 34236 CITY-ST-7iP CITY-ST-7IP Change ☐ Addition Delete TITLE TITLE NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7IP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P

12. I hereby certify that the information supplied with the 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 wife 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. LRDELIETO SIGNATURE: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED