2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2004
Secretary of State

DOCUMENT# G91838

Entity Name: TRACY CONSULTANTS, INC.

Current Principal Place of Business:

4660 S.W. 128TH AVENUE
FORT LAUDERDALE, FL 33330

New Principal Place of Business:

Current Mailing Address:

4660 S.W. 128TH AVENUE
FORT LAUDERDALE, FL 33330

New Mailing Address:

FEI Number: 59-2422100 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRACY, ROBERT
4660 S.W. 128TH AVENUE
FORT LAUDERDALE, FL 33330

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: TRACY, ROBERT,
Address: 4660 SW 128TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL

Title: VD ( ) Delete
Name: STRAUGHN, SHARON
Address: 201 TURKEY LANE
City-St-Zip: SEBRING, FL

Title: D ( ) Delete
Name: TRACY, SCOTT
Address: 8460 SW 181ST ST.
City-St-Zip: MIAMI, FL

Title: D ( ) Delete
Name: TRACY, GREGORY
Address: 4660 SW 128 AVE.
City-St-Zip: FT. LAUDERDALE, FL 33330 US

Title: D ( ) Delete
Name: TRACY, JR. R
Address: 4660 SW 128 AVE.
City-St-Zip: FT. LAUDERDALE, FL 33330 US

Title: D ( ) Delete
Name: TRACY, WILLIAM
Address: 4660 SW 128 AVE.
City-St-Zip: FT. LAUDERDALE, FL 33330 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT N. TRACY PD 01/05/2004

Electronic Signature of Signing Officer or Director — Date