

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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FILED

04 MAY 10 PM 6:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03/09/04 90015 028 75000



05042004 Chg-P CR2E034 (10/03)

|   |                          |  |  |  |                                   |
|---|--------------------------|--|--|--|-----------------------------------|
| <b>DOCUMENT # G95275</b>  |                          |  |  |  |                                   |
| 1. Entity Name<br><b>BLIND EXPRESS, INC.</b>  |                          |  |  |  |                                   |
| Principal Place of Business<br>P.O. BOX 262135<br>TAMPA, FL 33685 US  |                          |  | Mailing Address<br>P.O. BOX 262135<br>TAMPA, FL 33685 US |  |                                   |
| 2. Principal Place of Business  |                          |  | 3. Mailing Address                                       |  |                                   |
| Suite, Apt. #, etc.   |                          |  | Suite, Apt. #, etc.                                      |  |                                   |
| City & State  |                          |  | City & State   |  |                                   |
| Zip   | Country                  | Zip  | Country  | 4. FEI Number<br><b>58-1683158</b>                     |                                   |
|   |                          |  |  | Applied For<br><input type="checkbox"/> Not Applicable |                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                          |  |  | <b>\$8.75</b> Additional Fee Required                  |                                   |
| 6. Name and Address of Current Registered Agent   |                          |  | 7. Name and Address of New Registered Agent              |  |                                   |
| RUIZ & SKELTON, P.A.<br>5301 W CYPRESS ST<br>S108<br>TAMPA, FL 33607  |                          |  | Name   |  |                                   |
|   |                          |  | Street Address (P.O. Box Number is Not Acceptable)       |  |                                   |
|   |                          |  | City   |  |                                   |
|   |                          |  | <b>FL</b> 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |                          |  |  |  |                                   |
| <b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>   |                          | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00</b> May Be Added to Fees                     |                                   |
| 10. OFFICERS AND DIRECTORS  |                          |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11    |  |                                   |
| TITLE   | P                        | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change                        | <input type="checkbox"/> Addition |
| NAME  | SCHNEIDER, PETER V.      |  | NAME   |  |                                   |
| STREET ADDRESS  | 5011 W. HILLSBOROUGH AVE |  | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP   | TAMPA, FL                |  | CITY-ST-ZIP  |  |                                   |
| TITLE   |                          | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change                        | <input type="checkbox"/> Addition |
| NAME  |                          |  | NAME   |  |                                   |
| STREET ADDRESS  |                          |  | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP   |                          |  | CITY-ST-ZIP  |  |                                   |
| TITLE   |                          | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change                        | <input type="checkbox"/> Addition |
| NAME  |                          |  | NAME   |  |                                   |
| STREET ADDRESS  |                          |  | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP   |                          |  | CITY-ST-ZIP  |  |                                   |
| TITLE   |                          | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change                        | <input type="checkbox"/> Addition |
| NAME  |                          |  | NAME   |  |                                   |
| STREET ADDRESS  |                          |  | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP   |                          |  | CITY-ST-ZIP  |  |                                   |
| TITLE   |                          | <input type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change                        | <input type="checkbox"/> Addition |
| NAME  |                          |  | NAME   |  |                                   |
| STREET ADDRESS  |                          |  | STREET ADDRESS   |  |                                   |
| CITY-ST-ZIP   |                          |  | 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)(f), 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. |                          |  |  |  |                                   |
| SIGNATURE: _____  |                          |  | Date: _____  |  |                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                          |  | Daytime Phone # _____                                    |  |                                   |

04/15/04 (813) 831-4646

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BLIND EXPRESS INC 01/1993  
 P O BOX 262135  
 TAMPA, FL 33685-2135

94026973 5939

03/05/04 DATE

PAY TO THE ORDER OF Hosanna Dept of State \$ 150.00

one hundred and fifty dollars DOLLARS

SUNTRUST  
 SunTrust Bank

FOR [Signature]

⑆0663⑆06569⑆06580⑆066829⑆ 5939 ⑆00000⑆5000⑆

Dear Sirs:

I am enclosing a copy of cancelled check deposited by you for annual corporate return for Blind Express, Inc. I had initially mailed in a report form but did not make a copy to provide you. The check, as you can see, was cashed on 03/09/04. I have tried to get through to your office by e-mail but have received a customary response that the filing is still in process. Finally, I placed a call to your office this week and was told to mail in the proper documentation.

Thank You

DEPARTMENT OF STATE  
 FOR DEPOSIT ONLY  
 ACCT. # 1009068796

MAR 09 2004

2010  
 BANK OF AMERICA  
 FEDERAL RESERVE BANK  
 TAMPA, FL 33601

ST 01 03/05/04  
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