2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 19, 2004 8:00 am Secretary of State DOCUMENT # H22675 04-19-2004 90322 006 ***150.00 THE BEST DEAL IN TOWN DIAMOND & GOLD MINES. Mailing Address Principal Place of Business 7U2VV-12801 VILLAGE BLVD. JOHN'S PASS VILLAGE 12801 VILLAGE BLVD. JOHN'S PASS VILLAGE ART'S COVE CRAFTS BLDG. ART'S COVE CRAFTS BLDG. MADEIRA BCH., FL 33708 MADEIRA BCH., FL 33708 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apl. #, etc. 03032004 CR2E034 (10/03) Chg-P City & State City & State 4, FEI Number Applied For 59-2451087 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FERGUSON, R.A. Street Address (P.O. Box Number is Not Acceptable) 12801 VILLAGE BLVD. MADEIRA BCH., FL 33708 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 regions and agent and fille if applicable (MOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE Delete DHE ☐ Change ■ Addition FERGUSON, R.A. NAME NAME 19500 GULF BLVD #404 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP INDIAN SHORES, FL CHY-SI-ZIP TITLE ☐ Delete THUE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-S1-ZIP TITLE Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Defele HILE TILLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THE TITLE ☐ Change ☐ Addition NAME NAME

12. Thereby 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 recover on 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 of the corporation or the rece changed, or on an attachmen with an address, with all other like empowered

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

FILED