


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90079 015 ***150.00

DOCUMENT # H28415	
1. Entity Name SIM-PAR, INC.	

Principal Place of Business 18 OCEAN DUNE CIR PALM COAST, FL 32137 US	Mailing Address 18 OCEAN DUNE CIR PALM COAST, FL 32137 US
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94028986



2. Principal Place of Business ONE ARMAND BEACH DR. Suite, Apt. #, etc. SUITE 2C City & State PALM COAST, FL Zip 32137 Country	3. Mailing Address ONE ARMAND BEACH DR. Suite, Apt. #, etc. SUITE 2C City & State PALM COAST FL Zip 32137 Country
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01222004 Chg-P CR2E034 (10/03)

4. FEI Number 59-2520014	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROSENBAUM, STAN 18 OCEAN DUNE CIR PALM COAST, FL 32137	7. Name and Address of New Registered Agent Name ROSENBAUM, STAN Street Address (P.O. Box Number is Not Acceptable) ONE ARMAND BEACH DRIVE - SUITE 2C City PALM COAST FL Zip Code 32137
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8. The above named entry 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:  (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEORGIOULIS, CONSTANTINE 18 OCEAN DUNE CIRCLE PALM COAST, FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD. GEORGIOULIS, CONSTANTINE ONE ARMAND BEACH DR. SUITE 2C PALM COAST, FL 32137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROSENBAUM, STAN 25 OCEAN DUNE CIRCLE PALM COAST, FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROSENBAUM, STAN ONE ARMAND BEACH DR. SUITE 2C PALM COAST, FL 32137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GEORGIOULIS, IOANNIS 18 OCEAN DUNE CIRCLE PALM COAST, FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GEORGIOULIS, IOANNIS ONE ARMAND BEACH DR. SUITE 2C PALM COAST, FL 32137 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:  **STAN ROSENBAUM** **3-10-04 386-446-9248**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #