


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91223 042 ***150.00

DOCUMENT # H69150 1. Entity Name THE BUSINESS CENTER, INC.	
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Principal Place of Business 3 CYPRESS BRANCH WAY STE 103 PALM COAST, FL 32164 US	Mailing Address 3 CYPRESS BRANCH WAY STE 103 PALM COAST, FL 32164 US
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Handwritten: 2406854



04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2577213	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WHEELER, GARY 3 CYPRESS BRANCH WAY STE 103 PALM COAST, FL 32164	DO NOT WRITE IN THIS SPACE
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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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS WHEELER, GARY B. 2 ERICKSON PLACE PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LEARDO, JEAN 54 WESTCHESTER LN PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, GEORGE 42-206 CLUBHOUSE D PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *George Baker* President Date: 4/29/04 Daytime Phone #: 386 446 1902