


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90267 016 ***150.00

DOCUMENT # H77213	
1. Entity Name MASSACHUSETTS AVENUE, INC.	

Principal Place of Business 8801 RIVER CROSSING BLVD. NEW PORT RICHEY, FL 34655 US	Mailing Address 8801 RIVER CROSSING BLVD. NEW PORT RICHEY, FL 34655 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address P.O. Box 2108 Suite, Apt. #, etc. City & State Peters FL Zip 34680-2108 Country USA
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03192004 Chg-P CR2E034 (10/03)

4. FEI Number 59-2589078	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BRASHER, C. JOHN 880 RIVER CROSSING BLVD NEW PORT RICHEY, FL 34655

7. Name and Address of New Registered Agent Name BRASHER, C. JOHN Street Address (P.O. Box Number is Not Acceptable) 8801 RIVER CROSSING BLVD. City NEW PORT RICHEY FL Zip Code 34655

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	P BRASHER, C. JOHN 8801 RIVER CROSSING BLVD NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MINIERI, CARL 29656 US HWY 19N, STE 100 CLEARWATER, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUDSON, JOHN E. 8801 RIVER CROSSING BLVD NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SILVA, SUSAN 8801 RIVER CROSSING BLVD NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: Susan Silva 4-27-04 727-375-1155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #