FILED 2004 FOR PROFIT CORPORATION ANNUAL REPORT Sep 01, 2004 08:00 AM Secretary of State DOCUMENT # H84851 1. Entity Name AA TOP SHOP OF PANAMA CITY, INC. Principal Place of Business__ Mailing Address 3032 TRANSMITTER RD 3032 TRANSMITTER RD PANAMA CITY, FL 32401 PANAMA CITY, FL 32401 08262004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FE! Number Applied For 59-2610676 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRAXTON, NEAL DO NOT WRITE 4122 N DAVIS HWY PENSACOLA, FL 32503 IN THIS SPACE 3. 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 registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 8, 2004 Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. DILE BRAXTON, NEAL NAME STREET ADDRESS 4122 N DAVIS HWY U00000171410 09/01/04-80005-012 150.00 CITY-ST-ZIP PENSACOLA, FL TITLE BRAXTON, JIMMY R NAME STREET ADDRESS 3032 TRANSMITTER RD PANAMA CITY, FL 32503 CITY - ST - ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY -ST - ZIP IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS 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 attaching with an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP