2004 FOR PROFIT CORPORATION

SIGNATURE:

May 03, 2004 8:00 am ANNUAL REPORT Secretary of State DOCUMENT # J04006 05-03-2004 90717 041 ***150.00 MAIL MAKERS, INC. Principal Place of Business Mailing Address 651 OKEECHOBEE BLVD 651-OKEECHOBEE-BLVD-WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 2. Principal Place of Business 3. Mailing Address 255 EVERNIA Suite, Apt. #, etc. SAME Suite, Apt. #, etc. 03152004 Cha-P CR2E034 (10/03) < SAME 906 City & State Applied For City & State 4. FEI Number 11-2658065 WEST PALM SAME Not Applicable BEA Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ICE-MIENIK KNEIGE-MIENIK, NANCY A Street Address (P.O. Box Number is Not Acceptable) 651 OKEECHOBEE BLVD EVERNIA 901 WEST PALM BEACH, FL 33401 109 City WEST PALM BEALLY Zip Code 3340 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 4-26-04 ed Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PST TITLE Change Delete TITLE KENTCE MIENIK, NAMEY MIENIK, NANCY A NAME NAME STREET ADDRESS 651 OKEECHOBEE BLVD #901 STREET ADDRESS 255 EVERNIA WEST PALM BEACH, FL. 33401 CITY-ST-ZIP CITY-ST-7IP 3401 WEST PLAM BEAC TITLE Delete TITLE Change ■ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE _ Delete _ _ _ ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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. NARCY NEW CE-MIENI 3995

FILED