


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # J13123

1. Entity Name
 VOLUME ONE BOOKS, INC.



Principal Place of Business
 8910 TAFT ST
 PEMBROKE PINES, FL 33024 US

Mailing Address
 8910 TAFT ST
 PEMBROKE PINES, FL 33024 US

DO NOT WRITE IN THIS SPACE



04122004 No Chg-P CR2E034 (10/03)

4. FEI Number
 59-2696693

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GASS, DANIEL G ESQ.
 10001 NW 50TH STREET
 204
 SUNRISE, FL 33351

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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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000113518
 04/15/04-80012-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	LUIPPOLD, KENNETH
STREET ADDRESS	8910 TAFT STREET
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	P
NAME	LUIPPOLD, SHARON
STREET ADDRESS	8910 TAFT STREET
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Sharon B. Luippold* SHARON B. LUIPPOLD
 PRESIDENT

Date: 4/13/04
 Telephone: 954-432-5188