2004 FOR PROFIT CORPORATION

SIGNATURE:

FILED ANNUAL REPORT (AR) Mar 22, 2004 8:00 am DOCUMENT # J14464 **Secretary of State** 1. Entity Name 03-22-2004 90038 010 ***150.00 LET'S TALK, INC. Principal Place of Business Mailing Address 129 NO PALMETTO AVE PO BOX 107 DAYTONA BEACH FL 32115 DAYTONA BCH FL 32114 2. Principal Place of Business (40 No BEACH - STREE) 3. Mailing Add CR2E034 (11/03) 4. FEI Number Applied For 59-3007832 Not Applicable Ζip Country \$8.75 Additional 5. Certificate of Status Desired Eee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARENBAUM, BRUCE 129 N PALMETTO AVE DAYTONA BEACH FL 32114 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 quired when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition BARENBAUM, BRUCE NAME NAME STREET ADDRESS 651 MARINA POINT DR STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32114 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete • TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 attach,