

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90048 008 ***150.00



DOCUMENT # J22293

1. Entity Name
 USA TODAY REALTY, INC.

Principal Place of Business: 88 NE 5TH AVENUE, DELRAY BEACH, FL 33483 US
 Mailing Address: 88 NE 5TH AVENUE, DELRAY BEACH, FL 33483 US

11000100



2. Principal Place of Business: 3300 SW 14th Place, Unit 3, Boynton Beach, FL 33426-9034 USA
 3. Mailing Address: 3300 SW 14th Place, Unit 3, Boynton Beach, FL 33426-9034 USA

04072004 Chg-P CR2E034 (10/03)

4. FEI Number: 59-2695835 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: MULLER, KEVIN, 88 NE 5TH AVENUE, DELRAY BEACH, FL 33483

7. Name and Address of New Registered Agent: Name: [Blank], Street Address: 3300 SW 14th Place, Unit 3, City: Boynton Beach, FL, Zip Code: 33426-9034

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. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE: PSTD- NAME: MULLER, RALPH STREET ADDRESS: 88 NE 5TH AVENUE CITY-ST-ZIP: DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete	
TITLE: VP NAME: MULLER, KEVIN STREET ADDRESS: 88 NE 5TH AVENUE CITY-ST-ZIP: DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete	
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: 3300 SW 14th Place Unit 3 CITY-ST-ZIP: Boynton Beach, FL 33426-9034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: 3300 SW 14th Place Unit 3 CITY-ST-ZIP: Boynton Beach, FL 33426-9034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<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: Kevin D Muller 4-13-04 501-278-2294
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #