## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 27, 2004

DOCUMENT# J25308	Secretary of State
Entity Name: SOUND ANCHORS, INC.	
Current Principal Place of Business:	New Principal Place of Business:
2835 KIRBY AVE UNIT 110 PALM BAY, FL 32905 US	
Current Mailing Address:	New Mailing Address:
872 VANCE CIR NE PALM BAY, FL 329055498 US	
FEI Number: 59-2657501 FEI Number Applied For ( ) FEI Num	nber Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
WORZALLA, PETER J. 872 VANCE CIRCLE NE PALM BAY, FL 32905	
The above named entity submits this statement for the purpose o in the State of Florida.	f changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Registered Agent	Date
Election Campaign Financing Trust Fund Contribution ( ).	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title:         PD ( ) Delete           Name:         WORZALLA, ROBERT J.,           Address:         872 VANCE CIRCLE NE           City-St-Zip:         PALM BAY, FL	Title: PD (X) Change ( ) Addition  Name: WORZALLA, ROBERT J.,  Address: 335 VESTA CIRCLE  City-St-Zip: MELBOURNE, FL

Title:

Name:

Address:

City-St-Zip:

Title: () Delete Name: WORZALLA, PETER J.,

Address: 872 VANCE CIRCLE NE

PALM BAY, FL City-St-Zip:

Title: ( ) Delete

Name: Address: City-St-Zip: Title: ( ) Change (X) Addition

PALM BAY, FL

WORZALLA, PETER J.,

872 VANCE CIRCLE NE

(X) Change ( ) Addition

Name: WORZALLA ANTHONY J., Address: 151 EBER ROAD City-St-Zip: MELBOURNE, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WORZALLA ROBERT J PD 05/27/2004