2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004
Secretary of State

DOCUMENT# J48606

Entity Name: OLD PORT COVE HOLDINGS, INC.

Current Principal Place of Business:

% RICHARD MORGAN
112 LAKESHORE DR.
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

% RICHARD MORGAN
112 LAKESHORE DR.
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 59-2747337 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORGAN, RICHARD
112 LAKESHORE DR.
NORTH PALM BEACH, FL 33408

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PDS ( ) Delete
Name: MORGAN, RICHARD,
Address: 112 LAKE SHORE DR
City-St-Zip: N. PALM BEACH, FL

Title: V ( ) Delete
Name: ROSE, W. BRIAN,
Address: 112 LAKESHORE DR.
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: T ( ) Delete
Name: LILLARD, KATHY
Address: 112 LAKESHORE DRIVE
City-St-Zip: N. PALM BEACH, FL 33408

Title: V ( ) Delete
Name: LAVERY, MARK
Address: 112 LAKESHORE DRIVE
City-St-Zip: N. PALM BEACH, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: KATHY M. LILLARD T 02/13/2004

Electronic Signature of Signing Officer or Director — Date