

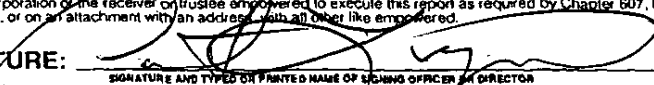


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

4/19

FILED
May 03, 2004 8:00 am
Secretary of State

04-19-2004 90362 047 ***150.00

| | | |
|---|--|---|
| DOCUMENT # J58088 | |  |
| 1. Entity Name TRIPLE L PRESS, INC. | | |
| Principal Place of Business 1924 PREMIER ROW ORLANDO, FL 32809 US | | Mailing Address 1924 PREMIER ROW ORLANDO, FL 32809 US |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent LEYRER, DAVID A 1014 TONY CIRCLE ST CLOUD, FL 34772 | | 4. FEI Number 59-2772714 Applied For Not Applicable |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| DO NOT WRITE IN THIS SPACE | | |
| 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: 4-30-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | DO NOT WRITE IN THIS SPACE |
| D LEYRER, ROBERT 5341 HANSEL AVE., #C-19 ORLANDO, FL | | |
| D LEYRER, RENE 5341 HANSEL AVE., #C-19 ORLANDO, FL | | |
| PT LEYRER, DAVID A 1014 TONY CR ST CLOUD, FL 34772 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 4-30-04 407-851-2400 <small>Date Daytime Phone #</small> |