## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # 196900 03 MAY 30 AM 9: 07 1. Entity Name SECRETARY OF STATE TALLAHASSEE, FLORIDA DAMONS CONSLITING EO., INC. DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 33 E. Camino Suite, Apt. #, etc. Suite, Act. #. etc DO NOT WRITE IN THIS SPACE Cilv & Slate City & State Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent BrissoN DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE BOLA RATON 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, Lam territiar with, and accept the obligations of registered agent. SIGNATURE January 1 - May 1 Fee is \$150.00 \$5.00 May Be Added to Fees 9. Election Campaign Financing After May 1, Fee is \$550.00 Amended UBR is \$61,25 Trust Fund Contribution. Make Check Payable to Florida Department of State 10, OFFICERS AND DIRECTORS TITLE .0348 (12/02) THE BRISSON 700020562 06/06/03--01010--029 NAME MAME 33 E. Camino Real STREET ADDRESS STREET ADDRESS COY-ST-ZIP CHTY-ST-ZIP Boca Ruton CR2 TITLE. TOPE NAME HAME STREET ADDRESS STREET ANDRESS CHY-ST-ZIP CITY-ST-ZiP TITLE TITLE NAME n/AME STREET ADDRESS STREET ADDRESS DO NOT WRITE CHTY-ST-ZIP CiTY+ST-ZIP TITLE 100 IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-22P CITY ST 2P THTLE DIVE NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP TITLE HTLE NAME: 114840 STREET ACORCSS STREET ADDRESS City-S1-2IP gave to ge 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further deriffy 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 medicunder 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 Book 10 or on an attachment with an address, with all other like empowered.

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## DamonsConsulting Company, Inc. 33 E. Camino real #112 Boca Raton, Fl. 33432

May 19, 2003

Florida Dept of State Division of Corporation P.O. Box 6327 Tallahasse, FL. 32314

Re: FEIN#292842358

Dear Sir or Madam,

We are writing to you explain that we did not receive your letter last year for additional information on our report. We are sending you this year's report and would like you to file both of them at this time.

We apologize for this inconvenience.

If you have any questions, you may contact us 561 447-4221.

Best Regards,

Dale Brisson