2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 15, 2004 08:00 AM **Secretary of State** DOCUMENT # K59836 1. Entity Name PACIFIC FINANCIAL ASSOCIATES, INC. Mailing Address Principal Place of Business PO BOX 292667 PO BOX 292667 TAMPA, FL 33687-2667 US TAMPA, FL 33687-2667 US No Chg-P CR2E034 (10/03) 01132004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2928130 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SMITH, M.J. DO NOT WRITE 6218 SOARING AVE TAMPA, FL 33617 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PSD SMITH, MJ NAME STREET ADDRESS 6218 SOARING AVE U000000088333 TEMPLE TERRACE, FL 33617 03/15/04-80048-011 150.00 City - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes, I further certify that the information indicated on this report or supplemental report of the 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 tuested 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:

TITLE NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CSTY-ST-2IP TITLE NAME STREET ADDRESS City-St-zip

CITY - ST - ZIP

M. J. SMITH PRESIDENT AND NOT PERSONALLY