


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90330 014 ***150.00

DOCUMENT # K74784	
1. Entity Name RELIANCE MACHINE COMPANY, INC.	

Principal Place of Business 489 TURNBULL BAY RD. NEW SMYRNA BEACH FL 32168	Mailing Address 489 TURNBULL BAY RD. NEW SMYRNA BEACH FL 32168
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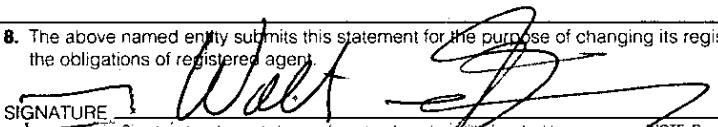
2. Principal Place of Business 501 PULLMAN ROAD Suite, Apt. #, etc.	3. Mailing Address 501 PULLMAN ROAD Suite, Apt. #, etc.
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City & State EDGEWATER FL	City & State EDGEWATER FL
Zip 32132	Country USA

4. FEI Number 36-2727789	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WARNING, WALTER B 489 TURNBULL BAY RD NEW SMYRNA BEACH FL 32168

7. Name and Address of New Registered Agent	
Name WARNING, WALTER B.	
Street Address (P.O. Box Number is Not Acceptable) 501 PULLMAN ROAD	
City EDGEWATER	Zip Code 32132

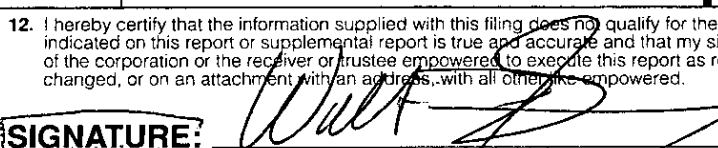
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 4/27/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE CEO	<input type="checkbox"/> Delete
NAME WARNING, WALTER B., JR.	
STREET ADDRESS 489 TURNBULL BAY ROAD	
CITY - ST - ZIP NEW SMYRNA BEACH FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WARNING, WALTER B.	
STREET ADDRESS 501 PULLMAN ROAD	
CITY - ST - ZIP EDGEWATER FL 32132	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 	DATE 4/27/04 386 Daytime Phone # 428-9300