## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 15, 2004 08:00 AM Secretary of State

Principal Place of Business 945 SPRING ROAD PELHAM MANOR, NY 1080		failing Address C/O RICHARD OSTERER		Secretary of State		
		945 SPRING ROAD PELHAM MANOR, NY 10803				
DO NOT WRITE IN THIS SPA			CE	03082004 No Chg-P CR2E034 (10/03)  4. FEl Number		
6. Name and Address of Current Registered Agent  CUPP, DANIEL P SR. 9105 SE MORNING STREET  HOBE SOUND, FL 33455-4439					NOT WRITE 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. It am familiar with, and accept the obligations of registered agent.  Signature, typed or printed name of registered agent and title II applicable.  [NOTE: Registered Agent eignature required when relineating).  DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Finar     Trust Fund Contribution	ncing \$	5.00 May Be dded to Fees	U00000114400 04/15/04-80048-014-150,00	
TITLE POSTERER, IS STREET ADDRESS CITY-ST-ZIP  TITLE NAME  STREET ADDRESS CITY-ST-ZIP		CTORS		=	NOT WRITE THIS SPACE	

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes if 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 attacking with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04

Daytime Phone #