2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR) --

May 28, 2004 8:00 am Secretary of State DOCUMENT # K96071 04-30-2004 90329 048 ***150.00 1. Entity Name PRFP, INC. Principal Place of Business Mailing Address 2240 S. RIDGEWOOD AVE DAYTONA FL 32119 2240 S. RIDGEWOOD AVE 66424816 DAYTONA FL 32119 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 59-2949683 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Q055. ROSSI, STEVE 2295 S. RIDGEWOOD AVE. Street Address (P.O. Box Number is Not Acceptable) Lamood SOUTH DAYTONA FL 32119 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE Pres Addition ☐ Detete TITLE ひくいを ROSSI, STEVE NAME NAME POPES 1675 TOWN PARK DRIVE 1168 PALM SPRING CT STREET ADDRESS STREET ADDRESS PORT ORANGE FL 32124 CITY-ST-7IP CITY-ST-ZIP PORT ORANGE FL 32129 Qu55: me Sec ☐ Delete Addition NAME NAME 830 AIRPORT RO. # 310 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT ORANGE, FL TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIE TILE Delete . ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-7IP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

4/23/04 386-760-4564