

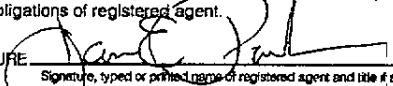
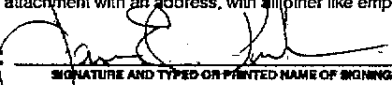


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L16355</b> 1. Entity Name SUNCOAST PRESS SERVICES, INC.			
Principal Place of Business 12822 SARAH LANE LARGO, FL 33773 US		Mailing Address 12822 SARAH LANE LARGO, FL 33773 US	
<b>DO NOT WRITE IN THIS SPACE</b>			
			
		07282004 No Chg-P CR2E034 (10/03)	
4. FEI Number 65-0147989		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			
PARKS, ERNEST L. 4311 FIG STREET TAMPA, FL 33609		<b>DO NOT WRITE IN THIS SPACE</b>	
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.		DATE 9/1/04 (NOTE: Registered Agent signature required when reissuing)	
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		U000000171948 09/09/04-80003-005 550.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D PARKS, ERNEST L. 4311 FIG STREET TAMPA FL,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P PARKS, JAMES E. 12822 SARAH LANE LARGO, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
<b>DO NOT WRITE IN THIS SPACE</b>			
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 9/1/04 Daytime Phone #	