2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 26, 2004 08:00 AM Secretary of State DOCUMENT # L93322 1. Entity Name FRUIT CRYSTALS, INC. Principal Place of Business Mailing Address 5425 NW 24TH ST., B-204 5425 NW 24TH ST., B-204 MARGATE, FL 33063 MARGATE, FL 33063 CR2E034 (10/03) 04232004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 65-0209167 \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent VANIER, FRANCOIS DO NOT WRITE 1550 N.W. 66TH AVE. IN THIS SPACE MARGATE, FL 33063 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 (NOTE: Registered Agent signature regulared when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE VANIER, FRANÇOIS NAME U00000130506 04/26/04-80120-025 150.00 STREET ADDRESS 9800 NW 48TH COURT CORAL SPRINGS, FL 33076 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE HALF STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-SY-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/04

954-961-3174

Daytims Phone #