


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90223 030 \*\*\*158.75

<b>DOCUMENT # M30934</b> 1. Entity Name <b>DOW GUARANTEE REALTY GROUP, INC.</b>	
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Principal Place of Business <b>9901 N.E. 5TH AVENUE MIAMI SHORES, FL 33138</b>	Mailing Address <b>801 N.E. 76TH STREET MIAMI SHORES, FL 33138</b>
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2. Principal Place of Business <b>9701 N.E. 5TH Ave</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Miami Shores</b>	City & State
Zip <b>33138</b>	Country

6. Name and Address of Current Registered Agent <b>KLACK, LINDA 801 N.E. 76TH STREET MIAMI, FL 33138</b>	
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7. Name and Address of New Registered Agent Name <b>Linda Kluck</b> Street Address (P.O. Box Number is Not Acceptable) <b>same</b> City <b>FL</b> Zip Code	
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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 <b>Linda Kluck</b> (NOTE: Registered Agent signature required when reinstating) DATE <b>4/20/04</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STIBER, MIKE 9501 NE 2 AVE MIAMI SHORES, FL 33138 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Art McDonald</b> <b>3701 Woodmont Blvd</b> <b>Nashville TN 37215</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STIBER, MIKE 9501 NE 2 AVE MIAMI SHORES, FL 33138 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLUCK, CHARLES 9501 NE 2 AVE MIAMI SHORES, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Charles Kluck</b> <b>3459 N.E. 163 St</b> <b>N. Miami Beach, Fla 33160</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLUCK, LINDA C 9501 NE 2 AVE MIAMI SHORES, FL 33138 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director - Sec/Treas</b> <b>Linda C. Kluck</b> <b>801 N.E. 76 St</b> <b>Miami Fla 33138</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <b>Linda Kluck</b> 4/20/04 1-800-760-5363	