2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Jan 29, 2004 8:00 am Secretary of State DOCUMENT # M80579 01-29-2004 90024 007 ***150.00 NALMAN ELECTRONICS, INC. Principal Place of Business Mailing Address C/O JOHN MANNY 4440 26TH STREET WEST BRADENTON FL 34207 C/O JOHN MANNY 4440 26TH STREET WEST BRADENTON FL 34207 アエリリエかせせ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number City & State City & State Applied For 65-0053246 Not Applicable Zip Country 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 Smith FRYMIER, VIOTORIA A 4440 - 26TH STREET W. Street Address (P.O. Box Number is Not Acceptable) BRADENTØN FL 34207 Bradento<u>n</u> 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. DAWN M. SMITH SIGNATURE e, typed of printed same 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. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE Delete Change MANNY, JOHN NAME NAME STREET ADDRESS 4440 26TH ST. W. STREET ADDRESS **BRADENTON FL** CITY-ST-ZIP CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE ☐ Change ☐ Addition MANNY, DAVID NAME NAME 4440 26TH STR W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34207** CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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. 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.

Manny

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED