


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M92477</b> 1. Entity Name WARRANTY MANAGERS, INC.	
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Principal Place of Business 6053 LEXINGTON PK. ORLANDO, FL 32819	Mailing Address 6053 LEXINGTON PK. ORLANDO, FL 32819
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<b>DO NOT WRITE IN THIS SPACE</b>
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01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2911161	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  GARRITY, WILLIAM J. 6053 LEXINGTON PARK ORLANDO, FL 32819	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</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		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPT GARRITY, WILLIAM J. 6053 LEXINGTON PARK ORLANDO, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GARRITY, FRANCIS D. 217 E ST JOSEPH ST INDIANAPOLIS, IN	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BOUGHTON, MARY JANE 31 FOREST VIEW CIRCLE CICERO, IN	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARRITY, WILLIAM JAMES 4565 RUTLAND DUNN TOWNLINE RD. OREGON, WI	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARRITY, JAMES J 6053 LEXINGTON PARK ORLANDO, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS GARRITY, FRANCES R. 6053 LEXINGTON PARK ORLANDO, FL	

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04/05/04-80054-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Mary Jane Boughton* Mary Jane Boughton *4164 605 806 087*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #