

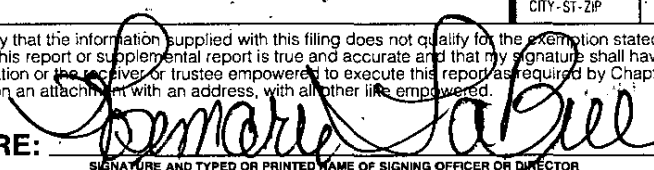


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90018 022 ***150.00

DOCUMENT # M95795 1. Entity Name BIANGULINA, INC.																	
Principal Place of Business 7 OLD KINGS ROAD NORTH SUITE 36 PALM COAST, FL 32137			Mailing Address 7 OLD KINGS ROAD NORTH SUITE 36 PALM COAST, FL 32137														
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 01202004 Chg-P CR2E034 (10/03)													
City & State Zip Country		City & State Zip Country															
4. FEI Number 59-2950775		Applied For <input type="checkbox"/> Not Applicable															
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent SAVY, BENJAMIN 2824 N. OCEANSHORE BLVD. BEVERLY BEACH, FL 32136													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:50%;">P</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LABUE, ROSEMARIE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1135 ATHLONE WAY</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>ORMOND BEACH, FL 32174</td> <td></td> </tr> </table>		TITLE	P	<input type="checkbox"/> Delete	NAME	LABUE, ROSEMARIE		STREET ADDRESS	1135 ATHLONE WAY		CITY - ST - ZIP	ORMOND BEACH, FL 32174	
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STREET ADDRESS	1135 ATHLONE WAY																
CITY - ST - ZIP	ORMOND BEACH, FL 32174																
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:50%;"></td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			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 life empowered.			
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition															
NAME																	
STREET ADDRESS																	
CITY - ST - ZIP																	
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 1/26/04 Daytime Phone #: 386-446-1003															