2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

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Apr 07, 2004 8:00 am Secretary of State **DOCUMENT # M98665** 04-07-2004 90001 042 ***150.00 1. Entity Name AMERICAN LEDGER MANAGEMENT, INC. Principal Place of Business Mailing Address 2328 DESTINY WAY 2328 DESTINY WAY ODESSA, FL 33556 ODESSA, FL 33556 2. Principal Place of Business 3. Mailing Address 2706 AZT 19 N 706 AZT 19 Suite, Apt. #, etc. Suite, Apt. #, etc. 01232004 CR2E034 (10/03) Cha-P 250 १५० City & State City & State 4. FEI Number Applied For HARBOR PALM HARBOR, PALM 59-2912588 Not Applicable Zip 34683 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PATEL, SANDIP I., ESQ. Street Address (P.O. Box Number is Not Acceptable) THE LAW OFFICES OF STEVEN W. MOORE 8200 BRYAN DAIRY ROAD, SUITE 300 LARGO, FL 33777 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VPD TITLE Delete TITLE BEAU, PHILIPPE NAME NAME STREET ADDRESS 2328 DESTINY WAY STREET ADDRESS ODESSA, FL 33556 CITY-ST-ZIP CATY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chappe Addition BEAU, ANDRE NAME 2328 DESTINY WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ODESSA, FL 33556 CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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