2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2004
Secretary of State

DOCUMENT# N00086

Entity Name: THE HUMANITIES EXCHANGE, INC.

Current Principal Place of Business:

PO BOX 1608
LARGO, FL 33779 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1608
LARGO, FL 33779 US

New Mailing Address:

FEI Number: 59-2364930 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GOLSON, WILLIAM M., ESQUIRE
1230 S. MYRTLE AVE.
STE 105
CLEARWATER, FL 34616 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HOWARTH, SHIRLEY REI, FF
Address: 100 BLUFF VIEW DR. #606C
City-St-Zip: BELLEAIR BLUFFS, FL

Title: STD ( ) Delete
Name: EUSTACE, JOSEPH G.,
Address: 100 BLUFF VIEW DR. #606C
City-St-Zip: BELLEAIR BLUFFS, FL

Title: D ( ) Delete
Name: HOWARTH, BEVERLEY G,
Address: 498 NW 7TH AVE.
City-St-Zip: BOCA RATON, FL 33486

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HOWARTH, SHIRLEY R PRES.
Address: 100 BLUFF VIEW DR. #606C
City-St-Zip: BELLEAIR BLUFFS, FL 33770

Title: STD (X) Change ( ) Addition
Name: EUSTACE, JOSEPH G
Address: 100 BLUFF VIEW DR. #606C
City-St-Zip: BELLEAIR BLUFFS, FL 33770

Title: D (X) Change ( ) Addition
Name: BRIGGS, FRAN
Address: 158 CYPRESS LANE WEST
City-St-Zip: LARGO, FL 33770

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHIRLEY REIFF HOWARTH PRES 08/26/2004

Electronic Signature of Signing Officer or Director — Date