


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000003187</b> 1. Entity Name EXTENDED RANGE FOUNDATION, INC.	
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Principal Place of Business 2487 CASTLEWOOD ROAD MAITLAND, FL 32751	Mailing Address 2487 CASTLEWOOD ROAD MAITLAND, FL 32751
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**DO NOT WRITE IN THIS SPACE**



04302004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3715809	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  HURLEY, JAMES A 2487 CASTLEWOOD ROAD MAITLAND, FL 32751	<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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2004</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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HURLEY, JAMES A 2487 CASTLEWOOD ROAD MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEARL, PHILLIP 540 CARPENTER AVE ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWDEN, WILLIAM 2675 DEEP CREEK AVENUE DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, CYNTHIA 6519 W. NEWBERRY ROAD #1209 GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, THOMAS 4555 HERITAGE OAKS DRIVE ORLANDO, FL 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000153992  
05/04/04-80149-016 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 617, 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.

<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>4/30/04</b> <small>Date</small>	<small>Daytime Phone #</small>
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