


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N01000006548</b>	
1. Entity Name VICTORY DEVELOPMENT CENTER, INC.	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
04 OCT -4 AM 9:00

Principal Place of Business 6546 POMEROY CIR ORLANDO, FL 32810	Mailing Address 6546 POMEROY CIR ORLANDO, FL 32810
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05042004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3745997		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>
UPSHUR, KAREN 6546 POMEROY CIR ORLANDO, FL 32810

<b>7. Name and Address of New Registered Agent</b>
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 <i>Karen Upshur</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <i>9-15-04</i> <small>(NOTE: Registered Agent signature required when reinstalling)</small>

<b>Filing Fee is \$61.25</b> <b>Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	<b>Make check payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	UPSHUR, KAREN
STREET ADDRESS	6546 POMEROY CIR
CITY-ST-ZIP	ORLANDO, FL 32810
TITLE	SD <input type="checkbox"/> Delete
NAME	WILLIS, ANCYLN
STREET ADDRESS	385 MELDOY CT
CITY-ST-ZIP	FT MYERS, FL 33919
TITLE	TD <input type="checkbox"/> Delete
NAME	JONES, SHAREKA
STREET ADDRESS	1710 ROLLEN RD
CITY-ST-ZIP	CLEARWATER, FL 33755
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

800041569258  
10/04/04--01032--022 \*\*\$61.25

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.	
SIGNATURE: <i>Karen Upshur</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <i>9/15/04</i> Daytime Phone #: <i>407 830-3078</i>