

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90276 034 ****61.25

DOCUMENT # N02000000640 1. Entity Name PEACOCK TRUST UNITED STATES OF AMERICA INC.			
Principal Place of Business 3057 NE 16TH AVE. OAKLAND PARK, FL 33334		Mailing Address 3144 BROADWAY #4, 125 P.M.B. EUREKA, CA 95501	
2. Principal Place of Business 3057 NE 16TH AVE		3. Mailing Address 3144 BROADWAY	
Suite, Apt. #, etc. OAKLAND PARK		Suite, Apt. #, etc. #4, 125 P.M.B.	
City & State FLORIDA		City & State EUREKA CA	
Zip 33334		Zip 95501	
Country U.S.A		Country U.S.A	
4. FEI Number APPLIED FOR 65-089-3530		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 SULTANA, F.M. ABEDA 3057 NE 16TH AVE. OAKLAND PARK, FL 33334		7. Name and Address of New Registered Agent Name SHAMIMA SULTANA HARDCASTLE Street Address (P.O. Box Number is Not Acceptable) 3057 NE 16TH AVE OAKLAND PARK City FLORIDA FL Zip Code 33334	
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 <u><i>Shamima Sultana</i></u> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SULTANA, F.M. ABEDA 3057 NE 16TH AVE. OAKLAND PARK, FL 33334	<input checked="" type="checkbox"/> Delete	TITLE P NAME SHAMIMAS. HARDCASTLE STREET ADDRESS 3057 NE 16TH AVE CITY-ST-ZIP OAKLAND PK. FL. 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SULTANA, F.M. NOOR 3057 NE 16TH AVE. OAKLAND PARK, FL 33334	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARDCASTLE, PHILIP J 3057 NE 16TH AVE. OAKLAND PARK, FL 33334	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SULTANA, SHAMIMA 3057 NE 16TH AVE. OAKLAND PARK, FL 33334	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Shamima S. Hardcastle</i></u> (SHAMIMAS. HARDCASTLE) 04/20/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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