2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N02000004800

Entity Name: THE BUSINESS INFORMATION EXCHANGE, INC.

Current Principal Place of Business:

13447 BYRD DRIVE
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

13447 BYRD DRIVE
ODESSA, FL 33556

New Mailing Address:

FEI Number: 01-0721195 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RADICS, ARGIE
3684 WINDBER BLVD
PALM HARBOR, FL 34685

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: DIR ( ) Delete
Name: ROSE, ROB
Address: 6305 SECRET COURT
City-St-Zip: TAMPA, FL 33625

Title: PRES ( ) Delete
Name: RADICS, ARGIE H
Address: 3684 WINDBER BLVD
City-St-Zip: PALM HARBOR, FL 34685

Title: DIR (X) Delete
Name: POMPONIO, MARK
Address: 706 BRANTENBURG WAY
City-St-Zip: LUTZ, FL 33548

Title: DIR ( ) Delete
Name: MALYK, JOE
Address: 1814 MARINER DRIVE #163
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ARGIE RADICS DIR 04/30/2004

Electronic Signature of Signing Officer or Director — Date