2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007047

FILED Apr 28, 2004 Secretary of State

Entity Name: THE PARADE OF STATES AFRICAN AMERICAN STYLE CORPORATION

Current Principal Place of Business: New Principal Place of Business: 2100 FOREST HILLS RD JACKSONVILLE, FL 32208 **Current Mailing Address: New Mailing Address:** 2100 FOREST HILLS RD JACKSONVILLE, FL 32208 FEI Number: 26-6500439 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PETERSON, GLORIA PETERSON, MAUDENA GLORIA 2100 FOREST HILLS RD 2100 FOREST HILLS RD JACKSONVILLE, FL 32208 US JACKSONVILLE, FL 32208 US 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: M. GLORIA PETERSON 04/28/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition PETERSON, ELRESE Name: Name: 2100 FOREST HILLS RD Address: Address: City-St-Zip: JACKSONVILLE, FL 32208 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: PETERSON, GLORIA M Name: PETERSON, MAUDENA GLORIA Address: 2100 FOREST HILLS RD Address: 2100 FOREST HILLS RD City-St-Zip: JACKSONVILLE, FL 32208 City-St-Zip: JACKSONVILLE, FL 32208 Title: () Delete Title: () Change () Addition PETERSON, WAYNE A Name: Name: Address: 2100 FOREST HILLS RD Address: City-St-Zip: JACKSONVILLE, FL 32208 City-St-Zip: () Delete Title: Title: () Change () Addition Name: PETERSON, TREVOR A Name: Address: 2100 FOREST HILLS RD Address: City-St-Zip: JACKSONVILLE, FL 32208 City-St-Zip: Title: Title: () Delete () Change () Addition ISRAEL, DOROTHY H Name: Name: 850 A1A BEACH BLVD., #82 Address: Address: City-St-Zip: ST AUGUSTINE, FL 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: M. GLORIA PETERSON D 04/28/2004