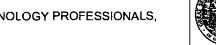
2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000008478 1. Entity Name -





FILED Apr 26, 2004 8:00 am Secretary of State 04-26-2004 90570 048 ****61.25

CENTRAL FLORIDA TECHNOLOGY PROFESSIONALS, INC.										
1800 BUSINESS PARK BLVD PO B			BOX 9235 TONA BCH, FL 32120			24055403				
			.,,	•						
2. Principal Place of Business 3.		3. Maili	3. Mailing Address				8118 1;811 6 0111 88 111 8			
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.			04212004	Chg-NP	CR2E03	7 (10/03)	
City & State		City	City & State			4. FEI Number 82-0571	936			plied For
Zip	Country	Zip	,	Country			of Status Desired		8.75 Add	
	6. Name and Address of Current	Registere	d Agent			7. Name and	Address of New		ee Required gent	<u> </u>
MCKINNEY, CAROLL			•	Name_				-		
1836 S CENTRAL AVE FLAGLER BCH, FL 32136				Street /	Address (i	P.O. Box Numbe.	r is Not Acceptab	ie)		
FEAGLEN	BON, FC 32130									,
		•		City				FL	Zip Code	9
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 projections of projections of projections of projections of projections.										
the obligations of registered agent.										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstiting). DATE										
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	Flo	Make check orida Depart	La recenta de condicionados	All Marine and Control of the Contro
10.	OFFICERS AND DI	RECTORS	☐ Delete	11.	70	ADDITIONS/CHA	NGES TO OFFIC	ERS AND DIR	ECTORS IN Change	10 Addition
NAME	MCKINNEY, CAROLL		L Defete	NAME	McKin	rey, CAroll 5 Central	Ave		F Change	Addition
STREET ADDRESS CITY-ST-ZIP	1835 S CENTRAL AVE FLAGLER BCH, FL 32136	-		STREET ADDRESS CITY+ST+ZIP		2 Centra.		,		
TITLE	VD		☐ Delete	TITLE	111731	d Depen, 11	24126		Change	Addition
NAME	ASIF, MOHMOOD PO BOX 10041			NAME						
STREET ADDRESS CITY-ST-ZIP	DAYTONA BEACH, FL 32120			STREET ADDRESS CITY-ST-ZIP						
TITLE	PD		☑ Delete	TITLE			, ,, <u>, ,</u> ,		☐ Change	Addition
NAME Street address	HUSSAIN, AMEEN 275 GALLA CIR			NAME STREET ADDRESS						
CITY-ST-ZIP.	DAYTONA BCH, FL 32134		<u> </u>	CITY-ST-ZIP		<u></u>	·	*		·
TITLE	S SAVENDOON SHADON		☐ Delete	TITLE					☐ Change	Addition
name Street address	DAVENPORT, SHARON 1703 MAGNOLIA AVE #C14			name Street address						
CITY-ST-ZIP	S DAYTONA, FL 32119			CITY-ST-ZIP						
TITLE	TD BIGO TRACY		Delete	TITLE					Change	☐ Addition
NAME STREET ADDRESS	RIGO, TRACY 483 HAVERSHAM RD			NAME STREET ADDRESS						
CITY-ST-ZIP	DELTONA, FL 32725			CITY-ST-ZIP						
TITLE			Delete	TITLE	8 D	and G. lane	re		Change	Addition
name Street address				NAME Street Address	36 F	Ael Gilmon				
CITY-ST-ZIP				CITY-ST-ZIP	Dayt	ONA BRACH	fl 32124			
12. I hereby	certify that the information supplied with	h this filing	does not qualify for	the exemption st	ated in Se	ection 119.07(3)(i), Florida Statutes	. I further cert	ify that the in	nformation

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:

4/21/04

386-439-1833