2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004
Secretary of State

DOCUMENT# N03000004761

Entity Name: TRI-STAR M.A.P. TEAM, INC.

Current Principal Place of Business:

CORAL RIDGE DR
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

5570 LAKESIDE DRIVE
102
MARGATE, FL 33063 US

New Mailing Address:

FEI Number: 56-2364887 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOLFE, PAT
5570 LAKESIDE DR
102
MARGATE, FL 33063 US

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: D/TR ( ) Delete
Name: WOLFE, PAT
Address: CORAL RIDGE DR
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D/S ( ) Delete
Name: HUTCHER, JANNETH
Address: CORAL RIDGE DR
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D ( ) Delete
Name: LITTLE, DIANE
Address: CORAL RIDGE DR
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D ( ) Delete
Name: MCCRONE, ANDRIA
Address: CORAL RIDGE DR
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D/S (X) Change ( ) Addition
Name: PARSONS, TAMMIE
Address: CORAL RIDGE DR
City-St-Zip: CORAL SPRINGS, FL 33065

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: PAT WOLFE D/TR 05/14/2004

Electronic Signature of Signing Officer or Director — Date