2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005269

Entity Name: CENTRAL FLORIDA TESTA INC.

FILED Apr 25, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8297 CHAMPIONSGATE BLVD. # 199 CHAMPIONSGATE, FL 33896 **Current Mailing Address: New Mailing Address:** 8297 CHAMPIONSGATE BLVD. # 199 CHAMPIONSGATE, FL 33896 **FEI Number:** FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WIKIERA, DANIEL J 1130 NICKI RIDGE CT. KISSIMMEE, FL 34747 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition NASH, RANDY Name: Name: 8297 CHAMPIONSGATE BLVD. # 199 Address: Address: City-St-Zip: CHAMPIONSGATE, FL 33896 US City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: WIKIERA, DANIEL J Name: WIKIERA, DANIEL J Address: 8297 CHAMPIONSGATE BLVD. # 199 Address: 8297 CHAMPIONSGATE BLVD. # 199 City-St-Zip: CHAMPIONSGATE, FL 33896 US City-St-Zip: CHAMPIONSGATE, FL 33896 US Title: () Delete Title: VΡ () Change (X) Addition RYAN, PAT Name: Name: 1010 ALAMEDA Address: Address: City-St-Zip: City-St-Zip: LONGWOOD, FL 32750 Title: () Delete Title: () Change (X) Addition Name: Name: HOOKER, RAY 1103 CAREW AVE. Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32804 Title: () Delete Title: () Change (X) Addition TORTOORANO, VINCE Name: Name: 8185 RIVER COUNTRY DR. Address: Address: City-St-Zip: City-St-Zip: SPRING HILL, FL 34607 Title: () Delete Title: () Change (X) Addition DARBY, BRIAN Name: Name: Address: Address: 1126 BIANCA DR. NE PALM BAY, FL 32905 City-St-Zip: 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: DANIEL J WIKIERA T 04/25/2004

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