



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2004 8:00 am
Secretary of State

09-13-2004 90010 017 ****61.25

DOCUMENT # N03000005493 1. Entity Name VIRTUAL HOLY LANDS, INC.					
Principal Place of Business 2753 STATE ROAD 580 STE 201A CLEARWATER, FL 33761 US				Mailing Address 2753 STATE ROAD 580 STE 201A CLEARWATER, FL 33761 US	
2. Principal Place of Business 19321 US HWY 19 N. Suite, Apt. #, etc. BLDG C STE 320		3. Mailing Address 19321 US HWY 19 N. Suite, Apt. #, etc. BLDG C STE 320			
City & State CLEARWATER FL		City & State CLEARWATER FL		4. FEI Number 04-3758033	
Zip 33764		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TWARDOWSKI, DALE 2753 STATE ROAD 580 STE 201A CLEARWATER, FL 33761				7. Name and Address of New Registered Agent Name TWARDOWSKI, DALE Street Address (P.O. Box Number is Not Acceptable) 19321 US HWY 19 N BLDG C STE 320 City CLEARWATER FL Zip Code 33764	
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 registered agent. SIGNATURE <u>Dale Twardowski</u> DATE <u>9-8-2004</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR PETER CAREY 19321 US HWY 19 N BLDG C STE 320 CLEARWATER FL 33764		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR CHRISTOPHER PARSHAD 19321 US HWY 19 N BLDG C STE 320 CLEARWATER FL 33764		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DALE TWARDOWSKI 19321 US HWY 19 N BLDG C STE 320 CLEARWATER FL 33764		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Dale Twardowski</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>9-8-04</u> <u>727-535-8300</u> <small>Date Daytime Phone #</small>		