2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005798

Entity Name: BIKERS4TOTS, INC.

FILED Apr 22, 2004 Secretary of State

Current Principal Place of Business:

New Principal Place of Business:

235 OLD SANFORD-OVIEDO ROAD WINTER SPRINGS, FL 32708

Current Mailing Address: New Mailing Address:

235 OLD SANFORD-OVIEDO ROAD WINTER SPRINGS, FL 32708

FEI Number: 58-2676472 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:

G & L AGENT SERVICES INC 390 N ORANVE AVE STE 600 ORLANDO, FL 32801 US BRIAN SMITH 2630 TUSKAWILLA RD OVIEDO, FL 32765 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: BRIAN J SMITH 04/22/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change (X) Addition SMITH, BRIAN J P Name: Name: Address: Address: 2630 TUSKAWILLA RD City-St-Zip: City-St-Zip: OVIEDO, FL 32765 US Title: Title: () Change (X) Addition () Delete Name: Name: KREHER, WAYNE VP Address: Address: 696 RUNNING BEAR CT City-St-Zip: City-St-Zip: WINTER SPRINGS, FL 32708 US Title: () Delete Title: SEC () Change (X) Addition HOLT, BRUCE S Name: Name: Address: Address: QUINN DR City-St-Zip: City-St-Zip: OVIEDO, FL 32765 US Title: () Delete Title: () Change (X) Addition Name: Name: SMITH, BONNIE T 2630 TUSKAWILLA RD Address: Address: City-St-Zip: City-St-Zip: OVIEDO, FL 32765 US Title: () Delete Title: () Change (X) Addition KREHER, LINDA D Name: Name: 696 RUNNING BEAR CT Address: Address: City-St-Zip: City-St-Zip: WINTER SPRINGS, FL 32708 US Title: () Delete Title: () Change (X) Addition HOLT, KAREN D Name: Name: Address: Address: QUINN DR OVIEDO, FL 32765 US 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: BONNIE SMITH T 04/22/2004