


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # N39676 1. Entity Name MANGO FESTIVAL INC.	
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Principal Place of Business P.O. BOX 841 DEERFIELD BEACH, FL 33443	Mailing Address P.O. BOX 841 DEERFIELD BEACH, FL 33443
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DO NOT WRITE IN THIS SPACE



07132004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0225080	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PRATT, ANDREW A 495 NW 3 TERR DEERFIELD BCH, FL 33441	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating)

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	DATE 07/19/04-80019-025 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT GOMBS, NEVILLE 1331 SOUTHWEST 10TH TERRACE DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PRATT, ANDREW A SR 495 N.W. THIRD TERR. DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BUTLER, FRANCINA S 510 SOUTHWEST 11TH STREET DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WRIGHT, JULIA 297 NORTHWEST 1ST AVE DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CMT KITT, SHARON 254 SOUTHWEST 2ND STREET DEERFIELD BCH, FL 33441
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CT WESTELY, HAROLD 1061 SOUTHWEST 8TH AVENUE DEERFIELD BCH, FL 33441

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Andrew A. Pratt Sr.</i>	07-16-04 954-429-0061
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>