2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2004
Secretary of State

DOCUMENT# N41331

Entity Name: CENTER FOR HISTORICAL ARCHAEOLOGY, INC.

Current Principal Place of Business:

190 VERSAILLES DR
STE C
MELBOURNE BEACH, FL 32951 US

New Principal Place of Business:

Current Mailing Address:

190 VERSAILLES DR
STE C
MELBOURNE BEACH, FL 32951 US

New Mailing Address:

FEI Number: 59-3054027 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DE BRY, JOHN
190 VERSAILLES DR
STE C
MELBOURNE BEACH, FL 32951 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:	DP	( ) Delete
Name:	DE BRY, JOHN,	
Address:	790 VERSAILLES DR- STE C	
City-St-Zip:	MELBOURNE BEACH, FL	
Title:	D	( ) Delete
Name:	DE BRY, NANCY,	
Address:	3220 RIVER VILLA WAY	
City-St-Zip:	MELBOURNE BEACH, FL	
Title:	D	( ) Delete
Name:	SIEGEL, JERRY L	
Address:	117 E 62 ST	
City-St-Zip:	NEW YORK, NY	
Title:	D	( ) Delete
Name:	CRONE, STEPHANIE L	
Address:	13371 GLACIER NATIONAL DRIVE - APT. 105	
City-St-Zip:	ORLANDO, FL 32837	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: JOHN DE BRY DP 01/31/2004

Electronic Signature of Signing Officer or Director — Date