2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004
Secretary of State

DOCUMENT# N95000004998

Entity Name: LIFE IS A CELEBRATION II, INCORPORATED

Current Principal Place of Business:

9209 SEMINOLE BLVD
#54
SEMINOLE, FL 33772 US

New Principal Place of Business:

Current Mailing Address:

9209 SEMINOLE BLVD
#54
SEMINOLE, FL 33772 US

New Mailing Address:

FEI Number: 59-3356024 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MIAZGA, JOEY
9209 SEMINOLE BLVD #54
SEMINOLE, FL 33772 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: D ( ) Delete
Name: MIAZGA, JOEY
Address: 9209 SEMINOLE BLVD #54
City-St-Zip: SEMINOLE, FL 33772

Title: D ( ) Delete
Name: DIROMO, KELLY
Address: 8300 144TH LANE W
City-St-Zip: SEMINOLE, FL 33776

Title: D ( ) Delete
Name: HUGHES, KASEY
Address: 9209 SEMINOLE BLVD #54
City-St-Zip: SEMINOLE, FL 33772

Title: D ( ) Delete
Name: MIAZOA, FRANK
Address: 9738 PINE LAKE TRAIL
City-St-Zip: SAINT PETERSBURG, FL 33708

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: JOEY MIAZGA D 03/22/2004

Electronic Signature of Signing Officer or Director — Date