
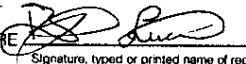
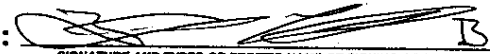


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90424 048 \*\*\*\*61.25

<b>DOCUMENT # N96000005837</b> 1. Entity Name <b>FRESH START PROGRAM, INC.</b>					
Principal Place of Business <b>2170 JAMES DRIVE OVIEDO, FL 32765</b>				Mailing Address <b>PO BOX 1563 GOLDENROD, FL 32733-1563</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 620955</b> Suite, Apt. #, etc.			
City & State <b>OVIEDO FLORIDA</b>		4. FEI Number <b>NOT APPLICABLE 87-0725354</b>			
Zip <b>32762-0955</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>LUCAS, BRIAN 5433 PEACO PL WINTER PARK, FL 32792</b>				7. Name and Address of New Registered Agent Name <b>LUCAS, BRIAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>135 ROSA AVE</b> City <b>OVIEDO</b> <b>FL</b> Zip Code <b>32765</b>	
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  <b>Brian Lucas PD</b> <span style="float: right;">April 30, 2004</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUCAS, BRIAN 5433 PEACO PL WINTER PARK, FL 32792 <i>Change Address Only</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUCAS, BRIAN 135 ROSA AVE OVIEDO Florida 32765	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KNIGHT, BRANDON 5433 PEACO PL WINTER PARK, FL 32792 <i>Change Address Only</i>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KNIGHT, BRANDON L. 135 ROSA AVE OVIEDO FLA. 32765	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLARK, DOROTHIE T 2826 MARLIN ST ORLANDO, FL 32833		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Rochelle Brown 135 ROSA AVE OVIEDO FLA 32765	
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.					
<b>SIGNATURE:</b>  <b>Brian Lucas</b> <span style="float: right;">4-30-04 407-977-8988</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					