

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

DOCUMENT# N97000002301

**FILED  
Apr 30, 2004  
Secretary of State**

**Entity Name:** PRECIOUS PROMISE DEVELOPMENT CORPORATION, INC.

**Current Principal Place of Business:**

1744 LAKE WORTH ROAD  
LAKE WORTH, FL

**New Principal Place of Business:**

**Current Mailing Address:**

1744 LAKE WORTH ROAD  
LAKE WORTH, FL

**New Mailing Address:**

FEI Number: 65-0701423      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SCOTT, SHARON  
9086 INDIAN RIVER RUN  
BOYNTON BEACH, FL 33437      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: PD      ( ) Delete  
Name: SCOTT, HARRY  
Address: 9086 INDIAN RIVER RUN  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: TD      ( ) Delete  
Name: SCOTT, SHARON  
Address: 9086 INDIAN RIVER RUN  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: SD      ( ) Delete  
Name: THOMAS, ROSEMARIE  
Address: 202 NORTH A STREET  
City-St-Zip: LAKE WORTH, FL 33460

**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:

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: SHARON SCOTT

SD

04/30/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date