2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N99000001291

Entity Name: SMASHED INC.

Current Principal Place of Business:

1650-J LINTON LAKES DRIVE
DELRAY BEACH, FL 33445 US

New Principal Place of Business:

520 ASBURY WAY
BOYNTON BEACH, FL 33426 US

Current Mailing Address:

1650-J LINTON LAKES DRIVE
DELRAY BEACH, FL 33445 US

New Mailing Address:

520 ASBURY WAY
BOYNTON BEACH, FL 33426 US

FEI Number: 65-0938318 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEAUMONT, MARCEL R
1650-J LINTON LAKES DRIVE
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

BEAUMONT, MARCEL R
520 ASBURY WAY
BOYNTON BEACH, FL 33426 US

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: _____ 04/30/2004
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: JOBIN, RICHARD
Address: 1650-J LINTON LAKES DRIVE
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: VPSD ( ) Delete
Name: MIRBACH, DORIS F
Address: 1650-J LINTON LAKES DRIVE
City-St-Zip: DELRAY BEACH, FL 33445 US

Title: PD ( ) Delete
Name: BEAUMONT, MARCEL R
Address: 1650-J LINTON LAKES DRIVE
City-St-Zip: DELRAY BEACH, FL 33445 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: JOBIN, RICHARD
Address: 520 ASBURY WAY
City-St-Zip: BOYNTON BEACH, FL 33426 US

Title: VPSD (X) Change ( ) Addition
Name: MIRBACH, DORIS F
Address: 520 ASBURY WAY
City-St-Zip: DELRAY BEACH, FL 33426 US

Title: PD (X) Change ( ) Addition
Name: BEAUMONT, MARCEL R
Address: 520 ASBURY WAY
City-St-Zip: BOYNTON BEACH, FL 33426 US

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: MARCEL R. BEAUMONT P 04/30/2004
Electronic Signature of Signing Officer or Director — Date