


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90410 011 ****61.25

DOCUMENT # N99000007078	
1. Entity Name RIDE WITH THE STARS, INC.	

Principal Place of Business 133 N. FT. HARRISON AVENUE CLEARWATER, FL 33755	Mailing Address 133 N. FT. HARRISON AVENUE CLEARWATER, FL 33755
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2. Principal Place of Business 40 Pinellas County Sheriff's Dept.	3. Mailing Address 40 Pinellas County Sheriff's Dept.
Suite, Apt. #, etc. P.O. Box 2500	Suite, Apt. #, etc. P.O. Box 2500

City & State Largo, FL	City & State Largo, FL
Zip 33779	Zip 33779
Country USA	Country USA

6. Name and Address of Current Registered Agent	
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WINTERS, ELISE K 133 N. FT. HARRISON AVENUE CLEARWATER, FL 33755	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STINER, SCOTT LT PO BOX 2500 LARGO, FL 33779 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COATS, JAMES A PO BOX 2500 LARGO, FL 33779 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PASHA, MARYANNE PO BOX 2500 LARGO, FL 33779 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KWALL, JEAN PO BOX 2500 LARGO, FL 33779 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EGNATUK, TINA PO BOX 2500 LARGO, FL 33779 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTSON, JOSEPHINE PO BOX 2500 LARGO, FL 33779 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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.

SIGNATURE: <u><i>Scott L Stiner</i></u>	Date: <u>4/6/04</u>	Daytime Phone #: <u>(727) 582-6479</u>
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