2005 FOR PROFIT CORPORATION

CITY - ST - ZIP

SIGNATURE:

May 03, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P00000009451 1. Entity Name CASSETTE, INC. Principal Place of Business Mailing Address 2608 REEF COURT P.O. BOX 5803 ORLANDO, FL 32805 WINTER PARK, FL 32793 CR2E034 (10/03) No Chg-P 04252005 DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 59-3621503 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE HORRELL, THOMAS 2608 REEF COURT ORLANDO, FL 32805 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PD TITLE NAME HORRELL, THOMAS 2608 REEF COURT STREET ADDRESS ORLANDO, FL 32805 CITY - ST - ZIP TITLE UQ0000360141 05/05/05-80022-006 150.00 NAME STREET ADDRESS CITY - ST - 71P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS

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 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address. The all other tike empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

OF SIGNING OFFICER OR DIRECTO

FILED