

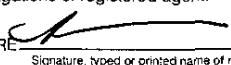



2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 90413 007 ***150.00

DOCUMENT # P00000009819 1. Entity Name INTERACTIVE AGENT, INC.					
Principal Place of Business 2536 COUNTRYSIDE BLVD 2ND FLOOR CLEARWATER, FL 33763			Mailing Address 2536 COUNTRYSIDE BLVD 2ND FLOOR CLEARWATER, FL 33763		
2. Principal Place of Business 2536 COUNTRYSIDE BLVD Suite, Apt. #, etc. SUITE 200 City & State CLEARWATER FL Zip 33763 Country USA		3. Mailing Address 2536 COUNTRYSIDE BLVD Suite, Apt. #, etc. SUITE 200 City & State CLEARWATER FL Zip 33763 Country USA			
02182004 Chg-P CR2E034 (10/03)		4. FEI Number 59-3712904		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent NORTH, HEATHER L 2536 COUNTRYSIDE BLVD. SIXTH FLOOR CLEARWATER, FL 33763			
7. Name and Address of New Registered Agent Name KIM DURING Street Address (P.O. Box Number is Not Acceptable) 2536 COUNTRYSIDE BLVD STE. 200 City CLEARWATER FL Zip Code 33763		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: 2/18/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS DURING, KIM 2536 COUNTRYSIDE BLVD. CLEARWATER, FL 33763	<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"/> 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 607, 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:  DATE: 2/18/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					