2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 08:00 AM
Secretary of State

| 1. Entity Nam | MENT # P0000001001 | 0 | | | Secretary of State | |
|--|---|--|------------|--|--|--|
| Principal Plac 214 BRAZILI 230 PALM BEACH | AN AVE | ailing Address POST OFFICE BOX 3191 PALM BEACH, FL 33480 | | | EGIR TON ESPRIOTO TON TON SOUNT HON ESPRENTIA DEPRENTA DE PROCESO. | |
| DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent | | | | 01082004 No Chg-P CR2E034 (10/03) 4. FEI Number | | |
| SLATER, ROBERT W | | | | DO NOT WRITE 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 Signification 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. In the State of Florida. I am familiar with, and accept the obligations of registered agent and the floridation of the obligations of registered agent and the floridation of the obligations of registered agent and the floridation of the obligations of registered agent and the floridation of the obligations of registered agent and the floridation of the obligations of registered agent and the floridation of the obligations of registered agent and the floridation of the obligations of registered agent and the floridation of the obligations of registered agent and the floridation of the obligations of registered agent and the floridation of the obligation of the obliga | | | | | | |
| After May 1, 2004 Fee will be \$550.00 Trust Func Contribution. | | | | 5.00 May Be | | |
| 10. THE VAME STREET ADDRESS CTY+ST-ZIP | OFFICERS AND DIRE D UNDERWOOD, ANTONY 214 BRAZILIAN AVE STE 230 PALM BEACH, FL 33480 | CIORS | | | U00000069614 Ü\$/01/04-80017-025 150.00 | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | . <u>.</u> | | | |
| TITLE NAME STREET ADDRESS CIY-ST-ZP | | | | DO | NOT WRITE | |
| TITUE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN 7 | HIS SPACE | |
| TITLE NAME STREET ADDRESS OITY-ST-ZIP | | | | | | |
| TATLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| 12. Thereby 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: Hances M. Salishura -FRANCES M. SALISBURY - Secretary - 07-13-04
SIGNATURE AND TYPED OR PRINTED NAME OF EIGNING OFFICER OR DIRECTOR

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