2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2004
Secretary of State

DOCUMENT# P00000012520

Entity Name: SALMARTED INC.

Current Principal Place of Business:

1266 SW 116 WAY
DAVIE, FL 33325

New Principal Place of Business:

Current Mailing Address:

1266 SW 116 WAY
DAVIE, FL 33325

New Mailing Address:

FEI Number: 65-0982222 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BONAWITZ, MARK E
1266 SW 116 WAY
DAVIE, FL 33325

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BONAWITZ, MARK E
Address: 1266 SW 116TH WAY
City-St-Zip: DAVIE, FL 33325

Title: VD ( ) Delete
Name: BONAWITZ, KENNETH J
Address: 12157 NATALIE COVE RD
City-St-Zip: COOPER CITY, FL 33330

Title: STD ( ) Delete
Name: BONAWITZ, KAREN A
Address: 6651 WEDGEWOOD AVE.
City-St-Zip: DAVIE, FL 33331

Title: D ( ) Delete
Name: BONAWITZ, ROCK E
Address: 4800 JACQUELINE LN
City-St-Zip: RALEIGH, NC 27616

Title: D ( ) Delete
Name: BONAWITZ, MARK T
Address: 6651 W WEDGEWOOD AVE
City-St-Zip: DAVIE, FL 33331

Title: D ( ) Delete
Name: ECCLES, KIMBERLY I
Address: 19934 MAIN ST HWY 86
City-St-Zip: SAEGERTOWN, PA 16433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK E BONAWITZ PD 08/11/2004

Electronic Signature of Signing Officer or Director — Date