2004 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT FILED Feb 26, 2004 08:00 AM Secretary of State DOCUMENT # P00000017491 GILA ENTERPRISES, INC. Principal Place of Business Mailing Address 1105 E. STREET N.W. 1105 E. STREET N.W. ARDMORE, OK 73401 ARDMORE, OK 73401 01292004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-2522943 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE ARNO, ANDREW P 1601 AIRPORT BLVD SUITE 2 MELBOURNE, FL 32901 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be U00000066721 Trust Fund Contribution. Added to Fees 02/26/04-80026-024 150 - 00 OFFICERS AND DIRECTORS 10. TITLE GILA, BRENDAN P NAME 1105 E STREET NW STREET ADDRESS CITY - ST- ZIP ARDMORE, OK 73401 TITLE GILA, BETTY J NAME STREET ADDRESS 1105 E STREET NW CITY -ST-ZIP ARDMORE, OK 73401 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE

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 an other like empowered.

SIGNATURE:

NAME STREET ADDRESS

D.

-21-04 580-203-8999