2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 13, 2004 08:00 AM Secretary of State DOCUMENT # P00000024034 COASTAL BATTERY RECYCLING CORPORATION Principal Place of Business Mailing Address 250 N LANE AVE 250 N LANE AVE JACKSONVILLE, FL 32254 JACKSONVILLE, FL 32254 No Chg-P CR2E034 (10/03) 04122004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3631659 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WATSON, TODD ESQ DO NOT WRITE 7785 BAYMEADOWS WAY SUITE 107 JACKSONVILLE, FL 32257 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 U00000111268 Trust Fund Contribution. Added to Fees 04/13/04-80010-007 150.00 OFFICERS AND DIRECTORS 10. TITLE KRAMER, PAUL NAME STREET ADDRESS 263 SOUTH EDGEWOOD AVENUE JACKSONVILLE, FL 32254 CITY-ST-78P TITLE NAME STREET ADDRESS CRTY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP 313£E IN THIS SPACE NAME

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP HRE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIF

SIGNATURE AND TYPED OR PHI

FILED