## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 08:00 AM
Secretary of State

	711110711111111111111111111111111111111		_	Seci	etary of State
1. Entity Nam	MENT # P00000032999 L. BARBOUR, P.A.			.000	J 22 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Principal Plac	e of Business Mailing Address		7		
5208 EAST FOWLER AVE SUITE E 5208 EAST FOWLER AVE SUITE E TAMPA, FL 33617					
-	OO NOT WRITE IN THIS SPA	CE	04272004	No Chg-P	CR2E034 (10/03)
DO NOT WRITE IN THIS SPAC		ICE	4. FEI Numb 59-349		Applied For Not Applicable
				of Status Desired	\$8.75 Additional Fee Required
<del></del>	6. Name and Address of Current Registered Agent	<del></del>	<u> </u>		Lag traduited
CORPORATE CREATIONS ENTERPRISES, INC. 941 FOURTH STREET #200 MIAMI BEACH, FL 33139		DO NOT WRITE IN THIS SPACE			
<ol> <li>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.</li> </ol>					
SIGNATURE Squature, typed or printed name of registared agent and tide if applicable. (NOTE: Registared Agent signature required when reinstating) DATE					
			.00 May Be fed to Fees		
10. OFFICERS AND DIRECTORS U00000135583 TITUE D 04/28/U4-80067-003 150.00					
NAME STREET ADDRESS GITY-ST-ZIP	D BARBOUR, RONALD L 5208 EAST FOWLER AVE SUITE E TAMPA, FL 33617			04/2870	4-80067-003 150.00
TIFLE RAME STREET ADDRESS CITY-ST-ZIP					
itle name street address city-st-zip			DO	NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CETY-ST-ZIP					,
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filling does not quality 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 epipopered.

SIGNATURE:

and of Sherian 7/27/0