2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # P00000056257 Mar 22, 2004 08:00 AM Secretary of State PLATINUM MARKETING GROUP, INC. Principal Place of Business Mailing Address 2046 TERRAZZO LANE 2046 TERRAZZO LANE NAPLES, FL 34104 US NAPLES, FL 34104 03042004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3644840 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HUDAK, ELIZABETH J -- DO NOT WRITE 2046 TERRAZZO LANE NAPLES, FL 34104 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 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PSTD HUDAK, ELIZABETH J NAME STREET ADDRESS 2046 TERRAZZO LANE U00000093493 NAPLES, FL 34104 CITY-ST-ZIP 03/22/04-80021-003 150.00 3.5113 NAME STREET ADDRESS CITY-ST-ZIP TIBLE STREET ADDRESS DO NOT WRITE CRY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CRY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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:

NAME STREET ADDRESS CITY-ST-789

Should Abulak Elizabeth J. Hudak

3 20 04 239-261-134

Daytime Phone #