2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 18, 2004 08:00 AM Secretary of State DOCUMENT # P00000063948 1. Entity Name LANDS FAR AWAY, INC. Principal Place of Business Mailing Address 8215 ULMERTON RD 8215 ULMERTON RD LARGO, FL 33771 LARGO, FL 33771 01172004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3628636 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent TINA, BENAYAS DO NOT WRITE 1102 CARDOVA GREENS LARGO, FL 33777 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 trie if applicable. (NOTE, Registered Agent signature required when reinstating) CATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be U00000091299 03/18/04-80003-021 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ERNESTINA, BENAYAS C NAME 1102 CORDOVA GREENS STREET ADDRESS CITY-51-21P LARGO, FL 33777 THE NAME STREET ADDRESS CITY-ST-ZIP TRILE HAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP 7/33 F STREET ADDRESS CITY-ST-ZP

12. Thereby 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 oats, that I am an officer or director of the corporation or the receiver or trustee empowered tidexecute 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 approvered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

ING OFFICER OR DIRECTOR

FILED