2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 21, 2004 08:00 AM Secretary of State DOCUMENT # P00000064618 DARKAT THOMAS CONSULTING, INC. Principal Place of Business Mailing Address 10219 CONE GROVE ROAD 10219 CONE GROVE ROAD RIVERVIEW, FL 33569 RIVERVIEW, FL 33569 02052004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. EE! Number 59-3650794 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TROKE, ROBERT G DO NOT WRITE 10219 CONE GROVE ROAD RIVERVIEW, FL 33569 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 at registered agont and title if applicable (NOTE Registered Agent signature required when registating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees ___U00000122230 04/21/04-80020-024 150.00 10. OFFICERS AND DIRECTORS HHE NAME TROKE, ROBERT G STREET ADDRESS 10219 CONE GROVE ROAD C11Y - S1 - ZIP RIVERVIEW, FL 33569 BILL NAME STREET ADDRESS CHY - \$1 - 71P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-28P IN THIS SPACE NAME STREET ADDRESS

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 prefer 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.

CITY-ST-ZIP TITLE MAME STREET ADDRESS CHTY - ST - 78P ITE MAME STREET ADDRESS CITY - ST - ZIP

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED