

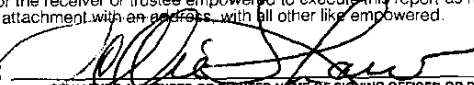


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90486 044 ***150.00

DOCUMENT # P00000080135					
1. Entity Name THE BLACK INVENTORS CLUB, INC.					
Principal Place of Business 142 WINDTREE LANE WINTER GARDEN, FL 34787			Mailing Address 142 WINDTREE LANE WINTER GARDEN, FL 34787		
2. Principal Place of Business 2421 Reef Court		3. Mailing Address P.O. Box 2649			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Orlando, FL		City & State Orlando, FL			
Zip 32805		Country USA		Zip 32802	
Country USA		Country USA			
6. Name and Address of Current Registered Agent JONES, JOCELYN 142 WINDTREE LANE WINTER GARDEN, FL 34787			7. Name and Address of New Registered Agent Name: Jocelyn Jones Street Address (P.O. Box Number is Not Acceptable): 2421 Reef Court City: Orlando FL Zip Code:		
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: 			DATE: 4-19-04		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISAACS, KARL 142 WINDTREE LANE WINTER GARDEN, FL 34787	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - President Shaw, Nollie 2421 Reef Ct Orlando, FL 32805	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, ROBERTO 239 BAY HEAD DR KISSIMMEE, FL 34743	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - Vice President ISAACS, Karl 4824 Native Dancer Lane Orlando 32826	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAW, NOLLIE 2421 REEF CT ORLANDO, FL 32805	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - 2nd Vice President Lopez, Roberto 239 Bay Head Drive Kissimmee, FL 34743	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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: 			DATE: 4-21-04		
Signature and typed or printed name of signing officer or director			Daytime Phone #: 407-677-8032		

Attachments - P0000080135

To receive a form by mail:

- Detach this postcard.
- Enter change of address, if applicable.
- Affix postage on reverse side and mail.
- Allow 7-10 business days to receive form.

P0000080135
THE BLACK INVENTORS' CLUB, INC.
142 WINDTREE LANE
WINTER GARDEN FL 34787-4314

Change of Address

P.O. Box 2649
Orlando, FL 32802

