

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT


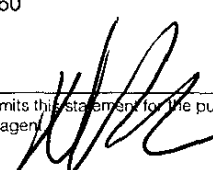
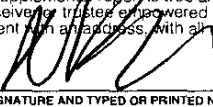
**FILED**  
**Jan 30, 2004 8:00 am**  
**Secretary of State**

01-30-2004 90060 044 \*\*\*150.00

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01162004 Chg-P CR2E034 (10/03)

DOCUMENT # P00000085234			
1. Entity Name SECRET ENCOUNTERS, INC.			
Principal Place of Business 14088 ICOT BLVD. CLEARWATER, FL 33760		Mailing Address 14088 ICOT BLVD. CLEARWATER, FL 33760	
2. Principal Place of Business 14175 Icot Blvd Suite, Apt. #, etc. Suite 100 City & State Clearwater FL Zip 33760 Country Pinellas		3. Mailing Address 14175 Icot Blvd Suite, Apt. #, etc. Suite 100 City & State Clearwater FL Zip 33760 Country Pinellas	
4. FEI Number 59-3672199		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent JOHNSON, DAN 14088 ICOT BLVD. CLEARWATER, FL 33760		7. Name and Address of New Registered Agent Name JOHNSON, DAN Street Address (P.O. Box Number is Not Acceptable) 14175 Icot Blvd. Suite 100 City Clearwater FL Zip Code 33760	
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:  President 1/16/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, DAN 14088 ICOT BLVD. CLEARWATER, FL 33760 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, DAN 14175 Icot Blvd., suite 100 Clearwater, FL 33760 <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
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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 to an address, with all other like empowered.			
SIGNATURE:  Daniel P Johnson 1/16/04 7275243900 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	