2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003
Secretary of State

DOCUMENT# P00000086317

Entity Name: PINNACLE RESTORATIONS, INC.

Current Principal Place of Business:

51700 US HWY 27
CLEWISTON, FL 33440

New Principal Place of Business:

193 W. CORKSCREW BVLD.
CLEWISTON, FL 33440 US

Current Mailing Address:

P.O BOX 3093
CLEWISTON, FL 33440

New Mailing Address:

P.O BOX 3093
CLEWISTON, FL 33440 US

FEI Number: 65-1038759 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEVENS, MICHAEL A
51700 US HWY 27
CLEWISTON, FL 33440

Name and Address of New Registered Agent:

STEVENS, MICHAEL A
193 W. CORKSCREW BVLD.
CLEWISTON, FL 33440 US

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.

SIGNATURE: _____ 01/10/2003
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: STEVENS, MICHAEL A
Address: 51700 US HWY 27
City-St-Zip: CLEWISTON, FL 33440

Title: V ( ) Delete
Name: STEVENS, CARLA R
Address: 51700 US HWY 27
City-St-Zip: CLEWISTON, FL 33440

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: STEVENS, MICHAEL A
Address: 193 W. CORKSCREW BVLD.
City-St-Zip: CLEWISTON, FL 33440 US

Title: V (X) Change ( ) Addition
Name: STEVENS, CARLA R
Address: 193 W. CORKSCREW BVLD.
City-St-Zip: CLEWISTON, FL 33440 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL A. STEVENS P 01/10/2003
Electronic Signature of Signing Officer or Director — Date