2004 FOR PROFIT CORPORATION-ANNUAL REPORT (AR).

Apr 19, 2004 8:00 am Secretary of State **DOCUMENT # P00000088153** 1. Entity Name 04-19-2004 90238 014 ***150.00 ACORDIA CENTER, INC. Mailing Address Principal Place of Business 1320 NEW WORLD AVENUE 316 N. DIXIE HWY LAKE WORTH FL 33460 LANTANA FL 33462-1410 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-1038098 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent _Name_ ---VAISANEN, JUHA K 1320 NEW WORLD AVE. Street Address (P.O. Box Number is Not Acceptable) LANTANA FL 33462 Zip Code City 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 title if applicable FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME BRINER, PIRKKO A NAME 1320 NEW WORLD AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LANTANA FL 33462-1410 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME VAISANEN, JUHA K NAME 1320 NEW WORLD AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP* L'ANTANA FL 33462-1410 TITLE ☐ Defete Change ☐ Addition NAME' NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. Thereby 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.

Maisan

SIGNATURE:

FILED