

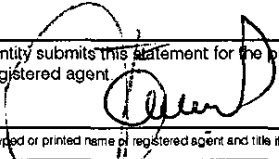
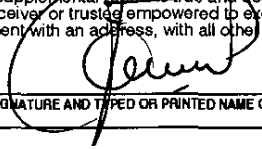


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90011 035 ***158.75

DOCUMENT # P00000088908 1. Entity Name PROJECTION ONE, INC					
Principal Place of Business 575 CRANDON BLVD. SUITE 402 KEY BISCAVNE, FL 33149 US			Mailing Address 575 CRANDON BLVD. SUITE 402 KEY BISCAVNE, FL 33149 US		
2. Principal Place of Business 555 CRANDON BLVD Suite, Apt. #, etc. # 53		3. Mailing Address 555 crandon Blvd Suite, Apt. #, etc. # 53			
City & State KEY-BISCAVNE, FL		City & State KEY-BISCAVNE, FL		4. FEI Number 65-1042436	
Zip 33149		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRATS, GABRIEL 2121 PONCE DE LEON BLVD. 240 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name RENDON, JAIME Street Address (P.O. Box Number is Not Acceptable) 555 CRANDON BLVD # 53 City KEY BISCAVNE FL Zip Code # 33149	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PTD NAME RENDON, JAIME STREET ADDRESS 575 CRANDON BLV APT 402 CITY-ST-ZIP KEY BISCAVNE, FL 33149	<input type="checkbox"/> Delete		TITLE PTD NAME RENDON, JAIME STREET ADDRESS 555 Crandon Blvd #53 CITY-ST-ZIP Key Biscayne, Fl 33149	<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	
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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 with an address, with all other like empowered.					
SIGNATURE:  _____			02/16/04		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		