2004 FOR PROFIT CORPORATION

FILED Apr 29, 2004 08:00 AM Secretary of State - ANNUAL REPORT DOCUMENT # P00000106514 1. Entity Name SAHARA TRADING CO. __ Principal Place of Business Mailing Address 2020 W. FAIRBANKS AVE. P.O. BOX 2712 WINTER PARK, FL 32790 210 WINTER PARK, FL 32789 No Chg-P CR2E034 (10/03) 04272004 DO NOT WRITE IN THIS SPACE Applied For 4. EFI Number 59-3684807 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SEYLER, JEFFREY P. DO NOT WRITE 906 N JERICO DR CASSELBERRY, FL 32707 IN THIS SPACE 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, (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS BITE **PSTD** NAME SEYLER, JEFFREY P STREET ADDRESS 906 N JERICO DR CASSELBERRY, FL 32707 CITY-ST-ZIP TITLE U00000137952 04/29/04-80061-006 150.00 NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MALKE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

> YPED OR PRINTED NAM SIGNATURE OF SIGNING OFFICER OR DIRECTOR