2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P00000107872 VECIE YASINSAC CWSC, INC. Principal Place of Business Mailing Address 5212 SOUTH BIG OAK ROAD POST OFFICE BOX 16952 ST. AUGUSTINE, FL 32095 IACKSONVILLE, FL 32245-6952 04142004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 36-4405452 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent YASINSAC, VECIE DO NOT WRITE 5212 SOUTH BIG OAK ROAD ST. AUGUSTINE, FL 32095 IN THIS SPACE 3. 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PVST THE U00000123424 04/22/04-80004-020 150.00 YASINSAC, VECIE 5212 SOUTH BIG OAK ROAD STREET ADDRESS CITY-ST-ZP ST. AUGUSTINE, FL 32095 BN F NAME YASINSAC, VECIE STREET ADDRESS 5212 SOUTH BIG OAK ROAD CRY-SI-7P ST. AUGUSTINE, FL 32095 TILLE NAME STREET ADDRESS DO NOT WRITE CTTY-51-ZIP BRE IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not quality 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 outh, that I am an officer or director of the corporation of 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 attaching it with an address, with all other like empowered.

SIGNATURE: // KINT / ASMISON VECTE VASINIAC

NAME STREET ADDRESS CRY-ST-ZIP TRILE NAME STREET ADDRESS CRY-ST-ZIP

STREET ADDRESS CATY-ST-ZIP

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