2004 FOR PROFIT CORPORATION **FILED ANNUAL REPORT** Apr 30, 2004 08:00 AM **DOCUMENT # P00000110966 Secretary of State** 1. Entity Name SONIA MAGRUDER, INC. Principal Place of Business ... Mailing Address 5938 RIVER ROAD 5938 RIVER ROAD **NEW PORT RICHEY, FL 34652** NEW PORT RICHEY, FL 34652 01152004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbe 59-3683361 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent MAGRUDER, SONIA DO NOT WRITE 5938 RIVER ROAD NEW PORT RICHEY, FL 34652 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 whon remataling) CATE 000000143350 04/30/04-80083-006 150.00 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 TITLE DP MAGRUDER, SONIA NAME 5938 RIVER ROAD STREET ADDRESS. CTTY-ST-ZIP NEW PORT RICHEY, FL 34652 THEE RAME STREET ADDRESS CTY-ST-ZP TITLE NAME STREET ADDRESS DO NOT WRITE C01Y-ST-789 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME

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

STREET ADDRESS CITY-ST-7P

SIGNATURE: Daytime Phone #