

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000111911

FILED
Apr 30, 2004
Secretary of State

Entity Name: E-MAILFINDERS.COM, INCORPORATED

Current Principal Place of Business:

7229 MAIDA LANE., APT. 1-H
FORT MYERS, FL 33908

New Principal Place of Business:

7229 MAIDA LANE
APT. 1-H
FORT MYERS, FL 33908 US

Current Mailing Address:

7229 MAIDA LANE., APT. 1-H
FORT MYERS, FL 33908

New Mailing Address:

7229 MAIDA LANE
APT. 1-H
FORT MYERS, FL 33908 US

FEI Number: 65-1076218

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNAUS, TIM
7229 MAIDA LANE., APT. 1-H
FORT MYERS, FL 33907

Name and Address of New Registered Agent:

KNAUS, TIM C MR.
7229 MAIDA LANE
APT. 1-H
FORT MYERS, FL 33908 US

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.

SIGNATURE: TIM KNAUS

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: KNAUS, TIM
Address: 7229 MAIDA LANE., APT. 1-H
City-St-Zip: FORT MYERS, FL 33908

Title: CFO () Delete
Name: FREESE, KRISTIN
Address: 7229 MAIDA LANE., APT. 1-H
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change () Addition
Name: KNAUS, TIM C
Address: 7229 MAIDA LANE, APT. 1-H
City-St-Zip: FORT MYERS, FL 33908 US

Title: CFO (X) Change () Addition
Name: FREESE, KRISTIN R
Address: 7229 MAIDA LANE, APT. 1-H
City-St-Zip: FORT MYERS, FL 33908 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIM KNAUS

MR.

04/30/2004

Electronic Signature of Signing Officer or Director

Date