


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90209 034 \*\*\*150.00

**DOCUMENT # P0000115423**

1. Entity Name  
**DORAL MANAGEMENT CORP.**



Principal Place of Business  
**755 OAKLAND HILLS CIRCLE #107 LAKE MARY, FL 32746**

Mailing Address  
**755 OAKLAND HILLS CIRCLE #107 LAKE MARY, FL 32746**



2. Principal Place of Business  
*122 Pine Ridge*

3. Mailing Address  
*122 Pine Ridge*

Suite, Apt. #, etc.

03062004 Chg-P CR2E034 (10/03)

City & State  
*Leesburg, FL*

City & State  
*Leesburg, FL*

4. FEI Number  
**59-3692936**

Applied For  
 Not Applicable

Zip  
*34788*

Country  
*USA*

Zip  
*34788*

Country  
*USA*

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**STOVALL, CHARLES P  
 755 OAKLAND HILLS CIRCLE #107  
 LAKE MARY, FL 32746**

7. Name and Address of New Registered Agent

Name  
*Charles P. Stovall*

Street Address (P.O. Box Number is Not Acceptable)  
*122 Pine Ridge*

City  
*Leesburg* **FL** Zip Code  
*34788*

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 *Charles P. Stovall* DATE *4/28/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STOVALL, CHARLES P 755 OAKLAND HILLS CIRCLE #107 LAKE MARY, FL 32746 <input checked="" 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	<i>Stovall, Charles P.</i> <i>122 Pine Ridge</i> <i>Leesburg, FL 34788</i> <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: *Charles P. Stovall* DATE *4/28/04* DAYTIME PHONE # *407-484-2496*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR