2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 22, 2004 8:00 am Secretary of State DOCUMENT # P01000000906 04-22-2004 90033 023 ***150.00 KRASSY AND ASSOCIATES, INC. Principal Place of Business Mailing Address 14000010 2626 EAST PARK AVENUE 2626 EAST PARK AVENUE #13105 #13105 TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 2. Principal Place of Business 650 39± Co 3. Mailing Address 650 39 4 Court S.W. Suite, Apt. #, etc. Suite, Apt. #, etc. 04132004 Chg-P CR2E034 (10/03) City & State City & State 4. FFI Number Applied For Florida Vero 65-1065067)ero Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BASS, MICHAEL R ESQ. Street Address (P.O. Box Number is Not Acceptable) 600 S. ANDREWS AVE. FT. LAUDERDALE, FL 33301 City Zip Code 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, 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. \Box Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE Delete TITLE Change ■ Addition Krassy, Matthew 650 39 to Court Sw KRASSY, MATTHEW NAME NAME 2626 EAST PARK AVENUE #13105 STREET ADDRESS STREET ADDRESS Vero Beach, FZ 32968 CITY - ST - ZiP TALLAHASSEE, FL 32301 CITY-ST-ZIP TITLE **X** Change ☐ Delete ■ Addition Krossy, Jennifer 65039 to Court SW KRASSY, JENNIFER NAME -NAME STREET ADDRESS 2626 EAST PARK AVENUE #13105 STREET ADDRESS Vero Beach, FZ 32968 CITY-ST-ZIP TALLAHASSEE, FL 32301 CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE -Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-70 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNATURE FOR DIRECTOR

FILED