2004 FOR PROFIT CORPORATION

the obligations of registered agent.

SIGNATURE:

Apr 07, 2004 8:00 am Secretary of State **ANNUAL REPORT** 04-07-2004 90007 009 ***150.00 DOCUMENT # P01000004398 CINDY SCHMIDT, P.A. Principal Place of Business Mailing Address 1415 E ROBINSON ST, SUITE A 1415 E ROBINSON ST, SUITE A ORLANDO, FL 32801 ORLANDO, FL 32801 No Chg-P CR2E034 (10/03) 03252004 DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3695488 5. Certificate of Status Desired . 6. Name and Address of Current Registered Agent DIETZ, WILLIAM J 25 S MAGNOLIA AVE ORLANDO, FL 32801 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

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IN	THIS	SPACE

FILED

Applied For

\$8.75 Additional

Fee Required

Not Applicable

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10, OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHMIDT, CINDY 1415 E ROBINSON ST, SUITE A ORLANDO, FL 32801			:		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME:	-		·	DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TIFLE NAME STREET ADDRESS CITY-ST-ZIP						
12. Thereby 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 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 accurate any supplemental reports.						