


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000009423 1. Entity Name NW-COLUMBIA, INC.	
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FILED

04 APR -5 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 800 N HIGHLAND AVE SUITE 200 ORLANDO, FL 32803	Mailing Address P.O. BOX 4961 ORLANDO, FL 32802-4961
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2. Principal Place of Business	3. Mailing Address	02232004	Chg-P	CR2E034 (10/03)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For Not Applicable		
City & State	City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>

MRS

6. Name and Address of Current Registered Agent B&C CORPORATE SERVICES OF CENTRAL FL., INC 390 N ORLANDO AVE, STE 1100 ORLANDO, FL 32801	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PST	TITLE	
NAME	CHIRA, LEE	NAME	
STREET ADDRESS	800 N HIGHLAND AVE SUITE 200	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32803	CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

500033090565

04/19/04--01062--006 **150.00

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: _____ Date: 3/24/04 Daytime Phone #: 407-297-1600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR