2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90306 018 ***150.00

DOCUMENT # P01000013278

1. Entity Name
5TH ELEMENT INCORPORATED

Principal Place of Business	Mailing Address
1051 LEE RD. 34B ORLANDO FL 32810	1051 LEE RD. 34B ORLANDO FL 32810

MOORE CR2E034 (11/03)

2. Principal Place of Business	3. Mailing Address
6004 Westgate dr.	6004 westgate dr.
Suite, Apt. #, etc.: # 302	Suite, Apt. #, etc.: # 302
City & State: Orlando, FL.	City & State: Orlando, FL.
Zip: 32835 Country: USA	Zip: 32835 Country: USA

4. FEI Number 59-3695279 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NIELSEN, BERITH
1051 LEE RD. #34B
ORLANDO FL 32810

7. Name and Address of New Registered Agent

Name: Berith Nielsen
Street Address (P.O. Box Number is Not Acceptable): 6004 Westgate dr # 302
City: Orlando **FL** Zip Code: 32835

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 ______________________________
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
Make Check Payable to Florida Department of State

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	D	☐ Delete	TITLE	P	☒ Change ☐ Addition
NAME	NIELSEN, BERITH		NAME	Berith Nielsen	
STREET ADDRESS	1051 LEE RD. #34B		STREET ADDRESS	6004 Westgate dr #302	
CITY-ST-ZIP	ORLANDO FL 32810		CITY-ST-ZIP	Orlando, FL. 32835	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			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: [signature] BERITH NIELSEN 4-25-2004 407-292-2765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #