2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jul 09, 2004 8:00 am Secretary of State **DOCUMENT # P01000041957** 1. Entity Name 07-09-2004 90004 032 ***150.00 RALEIGH INVESTMENTS (USA), INC. Principal Place of Business Mailing Address 112 OAK AVENUE 112 OAK AVENUE ANNA MARIA, FL 34216 ANNA MARIA, FL 34216 add Pobox 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07062004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-1109645 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VOIGT, STEPHEN F ESQ. Street Address (P.O. Box Number is Not Acceptable) 2042 BEE RIDGE ROAD SARASOTA, FL 34239 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE (\$ \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PS TITLE ☐ Delete TITLE ☐ Change ■ Addition BROWN, NIGEL H NAME NAME STREET ADDRESS 112 OAK AVENUE STREET ADDRESS CITY-ST-ZIP ANNA MARIA, FL 34216 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition BROWN, MARGARET NAME NAME STREET ADDRESS 112 OAK AVENUE STREET ADDRESS CITY-ST-ZIP ANNA MARIA, FL 34216 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete Change TITLE TITLE 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. Bhown NIGEL 941 778 1503 SIGNATURE:

SIGNATURE AND PITTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #

AHachment

Anna Maria Beach Cottages 112c Oak Ave PO Box 817 Anna Maria F134216

Polo0004195/

F1*3*4216

Tel: 941 778 1503

July 6, 2004

Division Of Corporations

PO Box 1500 Tallahassee Fl 32302-1500

Dear Sir:

Lenclose the fee as required

Please note I have not received notification as the notices are incorrectly addressed

We have to have it mailed to the post office box as we do not have mail delivery on this quaint island

Please note correct address

Sorry for the delay notification not received .

Sincerely,

NHC Brown