

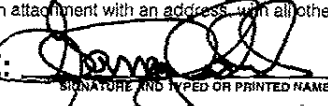


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000051770</b>						
1. Entity Name <b>BRICK CITY CATERING, INC.</b>						
Principal Place of Business <b>9319 SE MARICAMP ROAD OCALA, FL 34472</b>	Mailing Address <b>9319 SE MARICAMP ROAD OCALA, FL 34472</b>	  04132004 No Chg-P CR2E034 (10/03) <table border="1"><tr><td>4. FEI Number <b>59-3730650</b></td><td>Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b></td></tr></table>	4. FEI Number <b>59-3730650</b>	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>						
<b>DO NOT WRITE IN THIS SPACE</b>						
6. Name and Address of Current Registered Agent  <b>ADEL, GARRY D 4 S.E. BROADWAY OCALA, FL 34471</b>		<b>DO NOT WRITE IN THIS SPACE</b>				
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 _____						
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  000000116566 04/16/04-80070-011 150.00				
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELLATTER, AHMED 343 OAK TRACK LOOP OCALA, FL 34472					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADEL, GARRY D 4 SE BROADWAY OCALA, FL 34471					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LUTY, IRENA 343 OAK TRACK LOOP OCALA, FL 34472					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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TITLE NAME STREET ADDRESS 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)(f), 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.						
<b>SIGNATURE:</b>  <b>Garry D. Adel, President</b>		<b>4/13/2004 (352) 732-7218</b>				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #				