

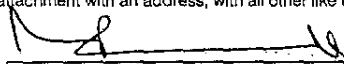


FILED
Jan 24, 2004 08:00 A
Secretary of State

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000054013		
1. Entity Name CATILLON PROPERTY, INC.		
Principal Place of Business 103 N MERIDIAN STREET LOWER LEVEL TALLAHASSEE, FL 32301		Mailing Address 103 N MERIDIAN STREET LOWER LEVEL TALLAHASSEE, FL 32301
DO NOT WRITE IN THIS SPACE		
		
01152004 No Chg-P CR2E034 (10/03)		
4. FEI Number 90-0023147		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
CORPDIRECT AGENTS 103 N MERIDIAN STREET LOWER LEVEL TALLAHASSEE, FL 32301		DO NOT WRITE IN THIS SPACE
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
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
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PORTER, MARTIN C PO.BOX 175,FRANCES HOUSE SIR WILLIAM PLACE ST.PETER PORT GUERNSEY GY1, 4HQ	DO NOT WRITE IN THIS SPACE 000000013800 01/26/04-80068-013 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RUSSELL, MARTYN E PO.BOX 175,FRANCES HOUSE SIR WILLIAM PLACE ST.PETER PORT GUERNSEY GY1, 4HQ	
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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.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 19-1-2004 Daytime Phone # 01481 723573

MARTYN ERIC RUSSELL