

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P01000066238 1. Entity Name STILETTO GULF & BEACH INCORPORATED				 <div style="text-align: right;"> FILED 04 MAR 29 AM 11:59 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 101 MAGNOLIA GROVE ALPHARETTA, GA 30022		Mailing Address 101 MAGNOLIA GROVE ALPHARETTA, GA 30022			
2. Principal Place of Business 745 ATLANTA HWY Suite, Apt. #, etc. 111		3. Mailing Address 745 ATLANTA HWY Suite, Apt. #, etc. 111			
City & State CUMMING GA		City & State CUMMING GA		4. FEI Number 58-2638941	
Zip 30040		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent A1A REGISTERED AGENT, INC 92 SAGEBERRY ROAD QUINCY, FL 32351-0000				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRUCA, JOHN M 101 MAGNOLIA GROVE ALPHARETTA, GA 30022	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT WATSON, SUSAN E. 3560 ROSE COTTAGE LANE CUMMING GA 30040	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GRUCA, CYNTHIA M 101 MAGNOLIA GROVE ALPHARETTA, GA 30022	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GRUCA, JOHN M 101 MAGNOLIA GROVE ALPHARETTA GA 30022	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAYS, ANITA R 9 RUE ST CLOUD NEWPORT BEACH, CA 92660	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRUCA, CYNTHIA M. 101 MAGNOLIA GROVE ALPHARETTA GA 30022	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WATSON, DOUGLAS 3560 ROSE COTTAGE LANE CUMMING GA 30040	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800031547078 03/31/04--01017--022 **75.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>John M. Gruca</i></u> JOHN M. GRUCA 3-16-04 770 331-6847 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					