


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90073 028 ***150.00

DOCUMENT # P01000078480 1. Entity Name CARL BUKANTAS ENTERPRISES, INC																																			
Principal Place of Business PMB #171, 4195 S TAMIAM TRAIL VENICE, FL 34293-5112		Mailing Address PMB #171, 4195 S TAMIAM TRAIL VENICE, FL 34293-5112																																	
2. Principal Place of Business Suite, Apt. #, etc. 5173 JESSAMINE AVE		3. Mailing Address Suite, Apt. #, etc. 5173 JESSAMINE AVE																																	
City & State North Port FL		City & State North Port FL																																	
Zip 34287		Zip 34287																																	
Country		Country																																	
4. FEI Number 65-1137611		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent BUKANTAS, CARL 4195 S TAMIAM TRAIL VENICE, FL 34293-5112		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5173 JESSAMINE AVE City North Port FL Zip Code 34287																																	
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 <u><i>Carl Bukantas</i></u> DATE <u>4/20/04</u> <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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> DP BUKANTAS, CARL PMB #171, 4195 S TAMIAM TRAIL VENICE, FL 342935112 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BUKANTAS, CARL PMB #171, 4195 S TAMIAM TRAIL VENICE, FL 342935112 <input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5173 JESSAMINE AVE North Port FL 34287 </td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5173 JESSAMINE AVE North Port FL 34287														
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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)(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>Carl Bukantas</i></u> DATE <u>4/20/04</u> DAYTIME PHONE # <u>941-423-3050</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																			