2004 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Mar 29, 2004 08:00 AN DOCUMENT # P01000091824 **Secretary of State** DAYTONA COLLISION INC. Principal Place of Business Mailing Address 824 EDWARD STREET DAYTONA BEACH, FL 32117 824 EDWARD STREET DAYTONA BEACH, FL 32117 01142004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3754840 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent SLATER, MARK DO NOT WRITE 824 EDWARD STREET DAYTONA BEACH, FL 32117 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. DIOTE, Registered Anant storemen required when reinstalled 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE HAME SLATER, MARK STREET ADDRESS **824 EDWARD STREET** CITY-ST-ZIP DAYTONA BEACH, FL 32117 U00000098541 03/29/04-80044-024 150.00 ITTLE HAME STREET ADDRESS City-ST-ZIP MLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 cath; 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:

CATY - ST - ZIP TITLE NAME STREET ADDRESS CATY-ST-ZIP