A 2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 19, 2004 08:00 AM -- - Secretary of State ANNUAL REPORT **DOCUMENT # P01000094161** PARADISE REEF PICTURES, INC. Principal Place of Business Mailing Address 7384 WINDSOR LANE 7384 WINDSOR LANE CLEARWATER, FL 33764 CLEARWATER, FL 33764 CR2E034 (10/03) 04072004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3750239 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BROWN, WESLEY DO NOT WRITE 7384 WINDSOR LANE CLEARWATER, FL 33764 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 lamiliar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing U00000120458 04/19/04-80132-020 150.00 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. TETLE BROWN, WESLEY D NAME 7384 WINDSOR LANE STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33764 THE BROWN, WESLEY D NAME 7384 WINDSOR LANE STREET ADDRESS CLEARWATER, FL 33764 CITY-ST-ZIP TETLE BROWN, WESLEY D NAME 7384 WINDSOR LANE STREET ADDRESS DO NOT WRITE CLEARWATER, FL 33764 CITY - ST- ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-04 (727)535-2880

FILED