2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 23, 2004 8:00 am Secretary of State **DOCUMENT # P01000105360** 04-23-2004 90214 036 ***158.75 1. Entity Name EURO MURRELL, INC. Principal Place of Business Mailing Address 54039415 4300 W CYPRESS ST, STE 1075 4300 W CYPRESS ST, STE 1075 TAMPA, FL 33607 TAMPA, FL 33607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04162004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-3758961 Not Applicable Zip Country Ζiρ Country \$8.75 Additional ৱে 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AMEURCO MANAGEMENT, INC. Street Address (P.O. Box Number is Not Acceptable) 4300 W CYPRESS ST, STE 1075 TAMPA, FL 33607 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. EVP 3 Treasurer Delete TITLE X Addition TITLE Change BURDGE, BRUCE D Michael E. Spiker NAME NAME 4300 W. Cypress St., Suite 1075 STREET ADDRESS 4300 W. CYPRESS ST., STE 1075 STREET ADDRESS TAMPA, FL 33607 CITY-ST-ZIP CITY-ST-ZIP TITLE **S** Delete TILLE ☐ Change Addition BESSEM, HERMAN Herman Bessem 4300 W. Cypress St., Suite 1015 Tamba FL 33407 NAME NAME STREET ADDRESS STREET ADDRESS **KONINGINNEGRACHT 7** CITY-ST-ZIP THE NETHERLANDS, pb16355 CITY-ST-ZIP TITLE ☐ Delete TITLE Assistant Secretary Addition A NAME BESSEM, HERMAN NAME Domain Suite 1075 4300 W. CYPRESS ST, SUITE 1075 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33607 CITY-ST-ZIP **⊠** Delete TITLE Change ☐ Addition TITLE DE JAEGER, ROMAIN NAME NAME STREET ADDRESS STREET ADDRESS 2514 11 DEN HAAG CITY-ST-ZIP THE NETHERLANDS. CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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changed, or on an attachment with an address, with all other like empowered. 4/20/04 SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

CITY-ST-ZIP

CITY-ST-7IP

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