
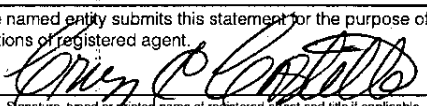


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000108891 1. Entity Name TECSPIDER.COM, INCORPORATED					
Principal Place of Business 1107 W. MABBETTE STREET KISSIMMEE, FL 34741				Mailing Address 1107 W. MABBETTE STREET KISSIMMEE, FL 34741	
2. Principal Place of Business 62205-Orange Blossom Trail Suite, Apt. #, etc. 175 City & State Orlando Zip 32809 Country USA				3. Mailing Address 62205-Orange Blossom Trail Suite, Apt. #, etc. 175 City & State Orlando Zip 32809 Country USA	
4. FEI Number 52-2352777				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04302004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CASTILLO, CRUZ E 4407 W MABBETTE STREET KISSIMMEE, FL 34741				7. Name and Address of New Registered Agent Name 62205-Orange Blossom Trail Street Address (P.O. Box Number is Not Acceptable) Orlando, FL 32809 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:  DATE: 4/30-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)</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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTILLO, CRUZ E 365 BUTTONWOOD DRIVE KISSIMMEE, FL 34743	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CASTILLO, CRUZ PO 420748 Kissimmee FL 34742	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PHILLIPS, CYNTHIA 1107 W MABBETTE STREET KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900036187269 05/12/04--01024--009 **450.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: 			Date: 4/30-04 Daytime Phone #		

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

