

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000109346

FILED
Sep 01, 2004
Secretary of State

Entity Name: A CASH BUYER DOT COM, INC.

Current Principal Place of Business:

P.O. BOX 51804
SARASOTA, FL 34243

New Principal Place of Business:

P.O. BOX 51804
SARASOTA, FL 34232

Current Mailing Address:

P.O. BOX 51804
SARASOTA, FL 34243

New Mailing Address:

P.O. BOX 51804
SARASOTA, FL 34232

FEI Number: 01-0710069

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FUNK, TROY
208 22ND STREET NE
BRADENTON, FL 34208

Name and Address of New Registered Agent:

FUNK, TROY
14818 7TH AVENUE E.
BRADENTON, FL 34212

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.

SIGNATURE: TROY FUNK

09/01/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FUNK, TROY
Address: P.O. BOX51804
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FUNK, TROY
Address: P.O. BOX 51804
City-St-Zip: SARASOTA, FL 34232

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TROY FUNK

D

09/01/2004

Electronic Signature of Signing Officer or Director

Date