2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2004
Secretary of State

DOCUMENT# P01000112419

Entity Name: BREAKTHROUGH, INC.

Current Principal Place of Business:

3223 CLIMBING IVY TRAIL
JACKSONVILLE, FL 32216

New Principal Place of Business:

11227 CASTLEMAIN CIRCLE NORTH
JACKSONVILLE, FL 32256

Current Mailing Address:

3223 CLIMBING IVY TRAIL
JACKSONVILLE, FL 32216

New Mailing Address:

11227 CASTLEMAIN CIRCLE NORTH
JACKSONVILLE, FL 32256

FEI Number: 01-0569861 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HETSLER, ROBERT G. JR.
3223 CLIMBING IVY TRAIL
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

HETSLER, ROBERT G. JR.
11227 CASTLEMAIN CIRCLE NORTH
JACKSONVILLE, FL 32256 US

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: 04/25/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete
Name: BROUSSARD, CLINT F
Address: 1000 GATE PARKWAY NORTH #112
City-St-Zip: JACKSONVILLE, FL 32246

Title: S ( ) Delete
Name: HETSLER, ORIANA P
Address: 10000 GATE PARKWAY NORTH #112
City-St-Zip: JACKSONVILLE, FL 32246

Title: VCFO ( ) Delete
Name: HETSLER, ROBERT G JR.
Address: 10000 GATE PARKWAY NORTH #112
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: HETSLER, ORIANA P
Address: 11227 CASTLEMAIN CIRCLE NORTH
City-St-Zip: JACKSONVILLE, FL 32256

Title: VCFO (X) Change ( ) Addition
Name: HETSLER, ROBERT G JR.
Address: 11227 CASTLEMAIN CIRCLE NORTH
City-St-Zip: JACKSONVILLE, FL 32256

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: ORIANA P HETSLER S 04/25/2004
Electronic Signature of Signing Officer or Director — Date