
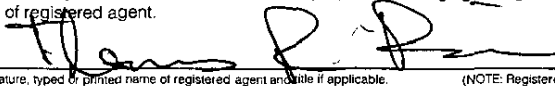


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90704 010 ***150.00

DOCUMENT # P01000117296 1. Entity Name JOSHUA ENTERPRISES, INC.					
Principal Place of Business 3210 N. WICKHAM RD 5 MELBOURNE, FL 32935			Mailing Address 3210 N. WICKHAM RD 5 MELBOURNE, FL 32935		
2. Principal Place of Business 7705 Wexford Way Suite, Apt. #, etc.		3. Mailing Address 7705 Wexford Way Suite, Apt. #, etc.			
City & State Port St. Lucie, Florida		City & State Port St. Lucie, Florida		4. FEI Number 59-3760892	
Zip 34986		Country Port St Lucie		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOUVIER, THOMAS R 3210 N. WICKHAM RD 5 MELBOURNE, FL 32935				7. Name and Address of New Registered Agent Name Bouvier, Thomas R Street Address (P.O. Box Number is Not Acceptable) 7705 Wexford Way City Port St. Lucie FL Zip Code 34986	
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: 4/28/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	DPVS BOUVIER, THOMAS R 3210 N WICKHAM ROAD #5 MELBOURNE, FL 32935	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7705 Wexford Way Port St. Lucie, Fl 34986	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 persons empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/28/04 (772) 466-9543 <small>Date Daytime Phone #</small>		