## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000121105

Entity Name: FLORIDA CORPORATION OF AMERICA

FILED May 01, 2004 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business:	New Principal Place of Business:
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2045 HYDE PARK STREET 2730 WHITE SANDS DR. SUITE 1 SUITE 3-A

SARASOTA, FL 34239 SARASOTA, FL 34231 US

Current Mailing Address: New Mailing Address:

P.O. BOX 273 P.O. BOX 273

LAUREL, FL 34272 LAUREL, FL 34272 US

FEI Number: 36-4487696 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ARACHNIDS

2045 HYDE PARK STREET

SUITE 1

SARASOTA, FL 34239

ARACHNIDS

2730 WHITE SANDS DR.

SUITE 1-A

SARASOTA, FL 34231 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: 05/01/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

Title: D ( ) Delete Title: D (X) Change ( ) Addition

Name: ARACHNIDS CORPORATIO, N OF AMERICA Name: ARACHNIDS CORPORATIO, N OF AMERICA

 Address:
 P.O. BOX 272
 Address:
 P.O. BOX 272

 City-St-Zip:
 LAUREL, FL 34272
 City-St-Zip:
 LAUREL, FL 34272 US

Title: DP ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 DEBARROS, REGIS
 Name:
 VBP INC.,

 Address:
 P.O. BOX 271
 Address:
 P.O. BOX 271

 City-St-Zip:
 LAUREL, FL 34272
 City-St-Zip:
 LAUREL, FL 34272 US

Title: ( ) Delete Title: DP ( ) Change (X) Addition

 Name:
 Name:
 DEBARROS, REGIS

 Address:
 Address:
 P.O. BOX 271

 City-St-Zip:
 City-St-Zip:
 LAUREL, FL 34272 US

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: REGIS BARROS DP 05/01/2004