2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 29, 2004 8:00 am Secretary of State **DOCUMENT # P01000122185** 04-29-2004 90246 009 ***150.00 BEYOND3000, INC. Principal Place of Business Mailing Address 440 IN 770 14055 LANGLEY PL 14055 LANGLEY PL DAVIE, FL 33325 DAVIE, FL 33325 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03222004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 04-3684085 Not Applicable Zip Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent OSBORNE, GORDON Street Address (P.O. Box Number is Not Acceptable) 14055 LANGLEY PL DAVIE; FL: 33325- ---City 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. 5 47.33 SIGNATURE. Signature, typed or printed riame of egistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Р TITLE ☐ Addition ☐ Delete Change . NAME OSBORNE, GORDON NAME 14055 LANGLEY PLACE STREET ADDRESS STREET ADDRESS DAVIE, FL 33325 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition GODFREY, CHARLES E NAME NAME STREET ADDRESS 23 SERENITY COURT STREET ADDRESS SOUTHHAMPTON, NJ 08088 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Celete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZP CiTY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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. 954 236 3373 April 26, 2004 SIGNATURE:

TE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED