


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90016 047 ***150.00

DOCUMENT # P02000003244	
1. Entity Name TERRY SMITH PRIZEFIGHTING, INC.	

Principal Place of Business 3803 LITTLE AVE MIAMI FL 33133	Mailing Address 3803 LITTLE AVE MIAMI FL 33133
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2. Principal Place of Business 5825 Sunset Drive Suite, Apt. #, etc. Suite 207 City & State South Miami, FL Zip 33143 Country USA	3. Mailing Address 5825 Sunset Dr. Suite, Apt. #, etc. Suite 207 City & State South Miami, FL Zip 33143 Country USA
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MOORE CR2E034 (11/03)

4. FEI Number 26-0013860	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SVENDSEN, R CAI 3803 LITTLE AVE MIAMI FL 33133	7. Name and Address of New Registered Agent Name: R. CAI SVENDSEN Street Address (P.O. Box Number is Not Acceptable) 150 SUNRISE DR. #3B City: KEY BISCAYNE FL Zip Code: 33149
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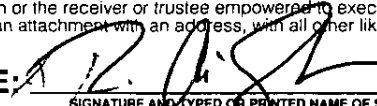
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME SVENDSEN, R CAI STREET ADDRESS 3803 LITTLE AVE CITY - ST - ZIP MIAMI FL 33133	<input type="checkbox"/> Delete	TITLE D NAME R. CAI SVENDSEN STREET ADDRESS 150 SUNRISE DR #3B CITY - ST - ZIP KEY BISCAYNE, FL 33149	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME NELSON, OZELL STREET ADDRESS 9600 PINNACLE VALLEY RD CITY - ST - ZIP LITTLE ROCK AK 72223	<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
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
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 like empowered.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

MARCH 26, 2004

Date

Daytime Phone #