2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000008082

Entity Name: D&S SALES CORPORATION, INC.

FILED Apr 29, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8208 WHITE ROCK CIRCLE 3660 MAX PLACE 106

BOYNTON BEACH, FL 33436

BOYNTON BEACH, FL 33436

Current Mailing Address: New Mailing Address:

3660 MAX PLACE 8208 WHITE ROCK CIRCLE

BOYNTON BEACH, FL 33436 106

BOYNTON BEACH, FL 33436

FEI Number: 90-0002974 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:

STATEMAN, DAVID A STATEMAN, DAVID A 8208 WHITÉ ROCK CIRCLE 3660 MAX PLACE

BOYNTON BEACH, FL 33436

BOYNTON BEACH, FL 33436

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: DAVID A STATEMAN 04/29/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition STATEMAN, DAVID A STATEMAN, DAVID A Name: Name: 8208 WHITE ROCK CIRCLE 3660 MAX PLACE # 106 Address: Address: City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip: BOYNTON BEACH, FL 33436

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

STATEMAN, SONDRA H Name: Name: STATEMAN, SONDRA H 8208 WHITE ROCK CIRCLE 3660 MAX PLACE # 106 Address: Address: BOYNTON BEACH, FL 33436 City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip:

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: DAVID A STATEMAN PD 04/29/2004