2004 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

Jul 14, 2004 .08:00 AM **Secretary of State** DOCUMENT # P02000009936 1. Entity Name IKERU, INC. Principal Place of Business Mailing Address 7251 HAWKINS ROAD 7251 HAWKINS ROAD US SARASOTA, FL 34241 SARASOTA, FL 34241 US No Chg-P 07122004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 06-1646600 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent REICH, ANDREA UNGAR DO NOT WRITE 7251 HAWKINS ROAD SARASOTA, FL 34241 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE 18 \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 8, 2004 10. OFFICERS AND DIRECTORS TITLE NAME REICH, ANDREA UNGAR U00000166068 STREET ADDRESS 7251 HAWKINS ROAD 97/14/04-80002-001 150.00 CITY-ST-ZIP SARASOTA, FL 34241 TITLE REICH, CHARLES NAME STREET ADDRESS 7251 HAWKINS ROAD CITY-ST-70P SARASOTA, FL 34241 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED