2004 FOR PROFIT CORPORATION ANNUAL REPORT

NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

Jan 12, 2004 08:00 AM **DOCUMENT # P02000020748** Secretary of State 1. Entity Name MARLENE S. PHILLIPS, INC. Principal Place of Business Mailing Address 409 55TH AVE. 409 55TH AVE. ST. PETE BEACH, FL 33706 ST. PETE BEACH, FL 33706 CR2E034 (10/03) 01082004 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 42-1530333 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BARNETT, SCOTT F DO NOT WRITE 234 EAST DAVIS BLVD. **TAMPA, FL 33606** 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaion Financino \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PVST $m\epsilon$ PHILLIPS, MARLENE S NAME 409 55TH AVE STREET ADDRESS U00000002755 01/13/04-80027-012 150.00 CRY-ST-ZIP ST PETE BEACH, FL 33706 TEELE NAME STREET ADDRESS CATY-ST-ZIP me STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TILE NAME STREET ADDRESS CMY-ST-ZIP TILE

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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.

SIGNATURE: MARLENE S. PHILLIPS 9JAN04 727-363-633.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING. OFFICER OR DIRECTOR

Day Office Printed Market Signing OFFICER OR DIRECTOR