2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P02000025116

Entity Name: TOWER AMENITY SHOPS OF AMERICA, INC.

Current Principal Place of Business:

315 W. FORSYTH ST.
JACKSONVILLE, FL 32202

New Principal Place of Business:

841 PRUDENTIAL DR.
JACKSONVILLE, FL 32207

Current Mailing Address:

315 W. FORSYTH ST.
JACKSONVILLE, FL 32202

New Mailing Address:

841 PRUDENTIAL DR.
JACKSONVILLE, FL 32207

FEI Number: 01-0608468 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GLENN, LISA A
550 WATER STREET
SUITE 1325
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

GLENN, LISA A
841 PRUDENTIAL DR.
JACKSONVILLE, FL 32207 US

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: 04/30/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCD ( ) Delete
Name: OSGARD, PETER M
Address: 550 WATER STREET #1325
City-St-Zip: JACKSONVILLE, FL 32202

Title: STD ( ) Delete
Name: GLENN, LISA A
Address: 550 WATER STREET #1325
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change ( ) Addition
Name: OSGARD, PETER M
Address: 841 PRUDENTIAL DR.
City-St-Zip: JACKSONVILLE, FL 32207

Title: STD (X) Change ( ) Addition
Name: GLENN, LISA A
Address: 841 PRUDENTIAL DR.
City-St-Zip: JACKSONVILLE, FL 32207

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: LISA GLENN STD 04/30/2004
Electronic Signature of Signing Officer or Director — Date