


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90076 034 \*\*\*150.00

DOCUMENT # P02000026102		
1. Entity Name FERGUSON ARTS, INC.		

Principal Place of Business 4415 FLAGG ST. ORLANDO, FL 32812	Mailing Address 4415 FLAGG ST. ORLANDO, FL 32812
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94028817



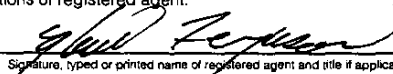
2. Principal Place of Business 401 MICKLETON LOOP Suite, Apt. #, etc.	3. Mailing Address 401 MICKLETON LOOP Suite, Apt. #, etc.
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03042004 Chg-P CR2E034 (10/03)

City & State OCOE FL	City & State OCOE FL	4. FEI Number 01-0621586	Applied For Not Applicable
Zip 34761-5661	Country USA	Zip 34761-5661	Country USA

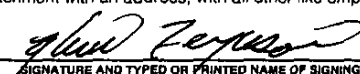
5. Certificate of Status Desired. <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FERGUSON, GLENN A 4415 FLAGG ST. ORLANDO, FL 32812	7. Name and Address of New Registered Agent Name FERGUSON, GLENN A. Street Address (P.O. Box Number is Not Acceptable) 401 MICKLETON LOOP City OCOE FL Zip Code 34761-5661
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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 	DATE 3/10/04
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	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 NAME STREET ADDRESS CITY-ST-ZIP	D FERGUSON, GLENN A 4415 FLAGG ST. ORLANDO, FL 32812 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERGUSON, GLENN A- 401 MICKLETON LOOP OCOE FL 34761-5661 <input checked="" 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
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: 	DATE 3/10/04 DAYTIME PHONE # 907 905 9118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	