FILED 2004 FOR PROFIT CORPORATION Apr 29, 2004 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P02000030242 1. Entity Name THE 7TH GEAR, INC, Principal Place of Business Mailing Address 2015 EAST SEVENTH AVENUE 2015 EAST SEVENTH AVENUE TAMPA, FL 33605 **TAMPA, FL 33605** 04262004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 41-2033346 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent YTURRIAGA, H.R. STEVE DO NOT WRITE 2015 EAST SEVENTH AVENUE TAMPA, FL 33605 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. 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 IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS TITLE

2015 EAST SEVENTH AVENUE

YTURRIAGA, H.R.(STEVE)

YTURRIAGA, H,R.(STEVE)

TAMPA, FL 33605

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U00000138036 U4/29/04-30065-010 150.00

2015 EAST SEVENTH AVENUE **TAMPA, FL 33605**

DO NOT WRITE IN THIS SPACE

Applied F.

Not Applic \$8.75 Additional

Fee Required

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

CITY-ST-ZIP 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 direct 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 changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE NAME STREET ADDRESS

TITLE NAME STREET ADDRESS

CITY-ST-ZIP

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