2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Aug 17, 2004 08:00 AM **DOCUMENT #'P02000038249** Secretary of State LE PETIT PEPPER, INC. Principal Place of Business Mailing Address 138 PALM COAST PARKWAY NE. 138 PALM COAST PARKWAY NE. SUITE 323 SUITE 323 PALM COAST, FL 32137 PALM COAST, FL 32137 08102004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0426228 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **BUSINESS FILINGS INCORPORATED** DO NOT WRITE 660 EAST JEFFERSON STREET TALLAHASSEE, FL 32301-0000 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. (NOTE: Registered Agent algoriture required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 in accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Due by September 8, 2004 Added to Fees 10. OFFICERS AND DIRECTORS D MILE NAME FAGAN, EUSTUS 138 PALM COAST PARKWAY NE. STREET ADDRESS U00000170296 CITY-ST-ZIP PALM COAST, FL 32137 08/17/04-80002-002 158.75 TITLE NAME STREET ADDRESS CSTY-ST-78P TITLE HAME STREET ADDRESS DO NOT WRITE CTTY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS 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 earl; 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.

TED NAME OF SIGNING OFFICER OF DIRECTOR

FILED