


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000048457		
1. Entity Name RETAIL INCENTIVE SYSTEMS INC.		

Principal Place of Business 3501 CASTLEBAR CIRCLE TALLAHASSEE, FL 32309	Mailing Address 3501 CASTLEBAR CIRCLE TALLAHASSEE, FL 32309
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2. Principal Place of Business 1809 Miccosukee Commons Dr Suite, Apt. #, etc. 108 City & State Tallahassee, FL Zip 32308 Country USA	3. Mailing Address 1809 Miccosukee Commons Dr Suite, Apt. #, etc. 108 City & State Tallahassee, FL Zip 32308 Country USA
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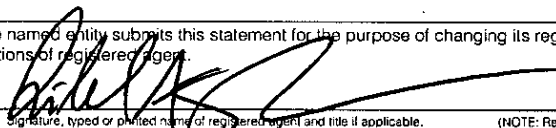
FILED
04 SEP 24 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09232004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent ALLEN, RODNEY F JR. 3501 CASTLEBAR CIRCLE TALLAHASSEE, FL 32309	7. Name and Address of New Registered Agent Name Richard A. Glover, CPA, PA Street Address (P.O. Box Number is Not Acceptable) 1809 Miccosukee Commons Drive #108 City Tallahassee FL Zip Code 32308
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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.

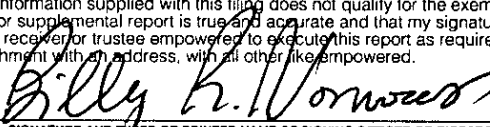
SIGNATURE  DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	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 NORWOOD, BILLY R 3651 LAKEVIEW DR. TALLAHASSEE, FL 32310 <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	D NORWOOD, WILLIAM D 336 DREADNAUGHT CT. TALLAHASSEE, FL 32312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400041400634 09/28/04--01048--009 **122.50
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:  9-23-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #