

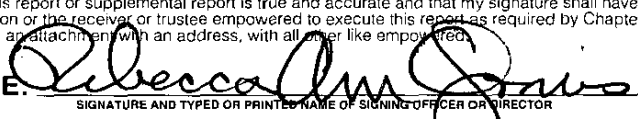


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90426 026 ***150.00

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|--|---|---|---|---|--|
| DOCUMENT # P02000054284 | | | |  | |
| 1. Entity Name PEACEFUL SOLUTIONS, INC. | | | | | |
| Principal Place of Business 14075 WATEVIEW PENSACOLA, FL 32507 | | | Mailing Address 913 GULF BREEZE PLAY GULF BREEZE, FL 32561 | | |
| 2. Principal Place of Business 7600 W. Fairfield Dr Suite, Apt. #, etc. | | 3. Mailing Address 7600 W. Fairfield Dr. Suite, Apt. #, etc. | |  | |
| City & State Pensacola Fla | | City & State Pensacola Fla | | 4. FEI Number 43-1966805 | |
| Zip 32506 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HICKEY, RAYMOND G 913 GULF BREEZE PKWY #5 GULF BREEZE, FL 32561 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 signature required when reinstating) | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | |
| D JONES, REBECCA 14075 WATEVIEW PENSACOLA, FL 32507 | D Jones, Rebecca 7600 W. Fairfield Dr Pensacola, Fla 32506 | | | | |
| [Delete] | [Change] [Addition] | | | | |
| [Delete] | [Change] [Addition] | | | | |
| [Delete] | [Change] [Addition] | | | | |
| [Delete] | [Change] [Addition] | | | | |
| [Delete] | [Change] [Addition] | | | | |
| [Delete] | [Change] [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 4/29/04 Daytime Phone # 850 432-3138 | |