2004 FOR PROFIT CORPORATION ANNUAL REPORT

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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Feb 09, 2004 08:00 AM **Secretary of State DOCUMENT # P02000055544** TORRIE WILSON, INC. Principal Place of Business Mailing Address 5214 E LONGBOAT BLVD 5214 E LONGBOAT BLVD TAMPA, FL 33615 TAMPA, FL 33615 01222004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied Fo 4. FEI Number 02-0604137 Not Applic \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WILSON, TORRIE DO NOT WRITE 5214 E. LONGBOAT BLVD TAMPA, FL 33615 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 acr the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and tide 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 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME WILSON, TORRIE 5214 E. LONGBOAT BLVD STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33615 1100000042824 TITLE 02/10/04-80039-012 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE MARKE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CATY-SI-ZAP

FILED

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 does not 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 changed, or on an attachment with an address, with all other like empowered.