
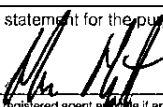
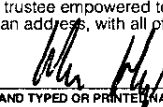


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90062 015 \*\*\*150.00

<b>DOCUMENT # P02000057762</b> 1. Entity Name <b>HAYTON INTERNATIONAL ENTERPRISES, INC.</b>					
Principal Place of Business <b>5770 W. IRLO BRONSON HWY STE. 173 LAKE MARY, FL 32746</b>			Mailing Address <b>5770 W. IRLO BRONSON HWY STE. 173 LAKE MARY, FL 32746</b>		
2. Principal Place of Business <b>5770 W. IRLO BRONSON HWY</b> Suite, Apt. #, etc. <b>STE. # 173</b> City & State <b>KISSIMMEE, FL</b> Zip <b>34746</b>		3. Mailing Address <b>5770 W. IRLO BRONSON HWY</b> Suite, Apt. #, etc. <b>STE. # 173</b> City & State <b>KISSIMMEE, FL</b> Zip <b>34746</b>		03012004 Chg-P CR2E034 (10/03)	
4. FEI Number <b>14-1846332</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>HAYTON, JOHN 5770 W. IRLO BRONSON HWY. STE. 173 LAKE MARY, FL 32746</b>	
7. Name and Address of New Registered Agent Name <b>HAYTON JOHN</b> Street Address (P.O. Box Number is Not Acceptable) <b>5770 W. IRLO BRONSON HWY. STE. 173</b> City <b>KISSIMMEE</b> <b>FL</b> Zip Code <b>34746</b>				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:  <b>JOHN HAYTON</b> <b>3/15/04</b> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		10. OFFICERS AND DIRECTORS	
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>HAYTON, JOHN</b> STREET ADDRESS <b>5770 W. IRLO BRONSON HWY STE. 173</b> CITY-ST-ZIP <b>LAKE MARY, FL 32746</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>HAYTON, JOHN</b> STREET ADDRESS <b>5770 W. IRLO BRONSON HWY. STE. 173</b> CITY-ST-ZIP <b>KISSIMMEE, FL 34746</b>			
TITLE <b>D</b> <input type="checkbox"/> Delete NAME <b>HAYTON, LYNN</b> STREET ADDRESS <b>5770 W. IRLO BRONSON HWY STE. 173</b> CITY-ST-ZIP <b>LAKE MARY, FL 32746</b>		TITLE <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>HAYTON, LYNN</b> STREET ADDRESS <b>5770 W. IRLO BRONSON HWY. STE. #173</b> CITY-ST-ZIP <b>KISSIMMEE, FL 34746</b>			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			
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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:  <b>JOHN HAYTON</b> <b>3/15/04</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					