2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 29, 2004 8:00 am Secretary of State **DOCUMENT # P02000058446** 04-29-2004 90260 040 ***150.00 SUN COAST GLOBAL MARKETING, INC. Principal Place of Business Mailing Address 10513 GEORGIA AVENUE 10513 GEORGIA AVENUE 340/3111 SILVER SPRING, MD 20902 SILVER SPRING, MD 20902 2. Principal Place of Business 3. Mailing Address 10513 Georgia AC Suite, Apt. #, etc. Suite, Apt. #, etc. 04082004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Spring, MD Silver 01-0705253 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired usa 20902 Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LUCIANI, NICOLA M. Street Address (P.O. Box Number is Not Acceptable) 3442 EVERETT AVENUE COTAL Way SPRING HILL, FL 34609 4-156 Zip Code 3314.5 IMOL 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. 4-24-04 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 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSTD TITLE Change Delete TITLE Addition NAME LUCIANI, NICOLA M NAME 10513 Georgia Ave. Silver Spring, MD 20902 STREET ADDRESS 3442 EVERETT AVENUE STREET ADORESS CITY-ST-ZIP SPRING HILL, FL 34609 CITY-ST-7IP VΡ TITLE ☐ Delete TID 6 Change ☐ Addition NAME LUCIANI, MARJORIE A NAME 10513 Georgia AVL 3442 EVERETT AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SPRING HILL, FL 34609 CITY-ST-ZIP Silver Spring, MD 2090 2 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete TITLE Chance ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. Nicola M. Luciani 4-24-04 SIGNATURE:

FILED