


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90029 020 ***150.00

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DOCUMENT # P02000059338 1. Entity Name ENVIROLIGHT EILEEN O'GRADY, INC.			
Principal Place of Business 12968 SUZANNE DR HOBE SOUND, FL 33455		Mailing Address 3300 PGA BLVD SUITE 970 PALM BEACH GARDENS, FL 33410	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <i>John J. Ahearn</i> 8996 SE Harbour Island Way	
City & State Hobe Sound FL		City & State Hobe Sound FL	
Zip 33455		Country United States	
4. FEI Number 03-0487336		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEVINE, JAY S ESQUIRE 3300 PGA BLVD, STE 970 PALM BCH GARDENS, FL 33410		7. Name and Address of New Registered Agent Name <i>John J. Ahearn</i> Street Address (P.O. Box Number if Not Acceptable) 8996 SE Harbour Island Way City <i>Hobe Sound</i> FL Zip Code <i>33455</i>	
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 <i>John J. Ahearn President</i> DATE <i>1/29/04</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D President AHEARN, JOHN J 8996 SE HARBOUR ISLAND WAY HOBE SOUND, FL 33455	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP O'Grady, Eileen T. 2209 S.W. Golden Bear Way Palm City, FL 34990	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D Vice President O'GRADY, EILEEN T 1938 SW BRADFORD PL PALM CITY, FL 34990	<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: <i>Eileen T. O'Grady</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>1/29/04</i> Daytime Phone # <i>772-285-1594</i>	