2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004
Secretary of State

DOCUMENT# P02000061808

Entity Name: 51 PLUS. INC.

Current Principal Place of Business:

2004 MICHIGAN AVE.
KISSIMMEE, FL 34744

New Principal Place of Business:

1554 KELLEY AVE.
KISSIMMEE, FL 34744

Current Mailing Address:

2004 MICHIGAN AVE.
KISSIMMEE, FL 34744

New Mailing Address:

1554 KELLEY AVE.
KISSIMMEE, FL 34744

FEI Number: 03-0482141 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOESSEL, THOMAS
1563 DELMAR AVENUE
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BOESSEL, THOMAS
Address: 1563 DELMAR AVENUE
City-St-Zip: KISSIMMEE, FL 34744

Title: D ( ) Delete
Name: BOESSEL, DENISE
Address: 1563 DELMAR AVENUE
City-St-Zip: KISSIMMEE, FL 34744

Title: D ( ) Delete
Name: SMYTHE, DAVID B
Address: 1560 LORALYN DRIVE
City-St-Zip: KISSIMMEE, FL 34744

Title: D ( ) Delete
Name: SMYTHE, CLAUDIA
Address: 1560 LORALYN DRIVE
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDIA SMYTHE TREA 04/15/2004
Electronic Signature of Signing Officer or Director Date