


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 18, 2004 8:00 am**  
**Secretary of State**

05-18-2004 90001 019 \*\*\*150.00

<b>DOCUMENT #</b> <i>P02000070905</i>	
<b>1. Entity Name</b> <i>NORA B DAVIS, Inc.</i>	

<b>Principal Place of Business</b> <i>5721 White Hickory Circle Tamarac, FL 33319</i>	<b>Mailing Address</b> <i>5721 White Hickory Circle Tamarac, FL 33319</i>
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<b>2. Principal Place of Business</b> <i>6635 W. Commercial Blvd</i>	<b>3. Mailing Address</b> <i>6635 W. Commercial Blvd</i>
<b>Suite, Apt. #, etc.</b> <i>Suite 114</i>	<b>Suite, Apt. #, etc.</b> <i>Suite 114</i>
<b>City &amp; State</b> <i>Tamarac FL</i>	<b>City &amp; State</b> <i>Tamarac FL</i>
<b>Zip</b> <i>33319</i> <b>Country</b> <i>USA</i>	<b>Zip</b> <i>33319</i> <b>Country</b> <i>USA</i>



04292004 Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> <i>65-1040213</i>	<input type="checkbox"/> <b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> <i>Davis, Nora B 5721 White Hickory Circle Tamarac, FL 33319</i>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> <i>P.D.</i>	<input type="checkbox"/> Delete	<b>TITLE</b> <i>VP, D</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b> <i>Davis, Nora B.</i>		<b>NAME</b> <i>Ernest V. Davis</i>	
<b>STREET ADDRESS</b> <i>5721 White Hickory Circle</i>		<b>STREET ADDRESS</b> <i>5721 White Hickory Circle</i>	
<b>CITY - ST - ZIP</b> <i>Tamarac, FL 33319</i>		<b>CITY - ST - ZIP</b> <i>Tamarac, FL 33319</i>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <i>T.D</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b> <i>Barbara Sutton</i>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b> <i>9755 Clement</i>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b> <i>Chicago, IL 60643</i>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b> <i>Gen. Harry Brooks, Retired</i>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b> <i>4679 Lomas</i>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b> <i>Santa Fe, Las Vegas, NV 89147</i>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b> <i>Debra Brown</i>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b> <i>6301 Fox Run Lane</i>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b> <i>Matteson, IL 60443</i>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>CITY - ST - ZIP</b>	

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:** *Nora B Davis* *NORA B. DAVIS* *5/11/04* *954-486-3380*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #