2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 26, 2004 -08:00 AM DOCUMENT # P02000077899 **Secretary of State** 1. Entity Name ROCK-N-BEAL, INC. Principal Place of Business Mailing Address 108 EGLIN PKWY SE 108 EGLIN PKWY SE FT WALTON BEACH, FL 32548 FT WALTON BEACH, FL 32548 04212004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FFI Number Applied For 20-0000095 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROCKMAN, KEITH L DO NOT WRITE 108 EGLIN PKWY SE FT WALTON BEACH, FL 32548 IN THIS SPACE 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 # applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. MLE ROCKMAN, KEITH L NAME STREET ADDRESS 108 EGLIN PKWY SE CITY-ST-ZIP FT WALTON BEACH, FL 32548 U00000131194 04/26/04-80145-016 150.00 TITLE BEAL, JOSEPH S NAME STREET ADDRESS 108 EGLIN PKWY SE CITY-ST-ZIP FT WALTON BEACH, FL 32548 TILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MILE IN THIS SPACE NAME. STREET ADDRESS CITY-ST-ZIP न तात NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filling 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.

FILED