2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Sep 10, 2004 8:00 am Secretary of State **DOCUMENT # P02000085899** 1. Entity Name 09-10-2004 90010 014 ***150.00 DRYER BUDDY! INC. Principal Place of Business Mailing Address 3763 SIERRA DR. 3763 SIERRA DR. MERRITT ISLAND, FL 32953 MERRITT ISLAND, FL 32953 2. Principal Place of Business 3. Mailing Address 1322 Hideaway Ln 1322 Hideaway Ln Suite, Apt. #, etc. Suite, Apt. #, etc. 09082004 Chq-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Rockledge (ockiedae 38-3662402 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 32955 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent tronk Bradley BRADLEY, FRANK Street Address (P.O. Box Number is Not Acceptable) 3763 SIERRA DR. MERRITT ISLAND, FL 32953 Rochledox 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 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Due by September 8, 2004 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change ■ Addition BRADLEY, FRANK R NAME STREET ADDRESS 3060 N. ATLANTIC AVE. 1322 Hideaway Ln STREET ADDRESS CITY-ST-ZIP COCOA BEACH, FL 32931 Rockledge, FL 32955 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition STILES, JOHN NAME STREET ADDRESS 2408 BELLEVUE AVE. STREET ADDRESS CITY-ST-7IP SYRACUSE, NY 13219 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition BRADLEY-BENN, BARBARA NAME_ NAME STREET ADDRESS 3763 SIERRA DR. STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND, FL 32953 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition Channe NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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.

FILED