2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P02000086296

Entity Name: MY BUTTERFLY WINGS, INC

Current Principal Place of Business:

5463 VINELAND RD.
5308
ORLANDO,, FL 32811 US

New Principal Place of Business:

2033 KAYLAS CT.
ORLANDO,, FL 32817 US

Current Mailing Address:

4630 S. KIRKMAN RD.
101
ORLANDO,, FL 32811 US

New Mailing Address:

2033 KAYLAS CT.
ORLANDO,, FL 32817 US

FEI Number: 22-3863644 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AFI, ASHA
5463 VINELAND RD.
5308
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

AFI, ASHA
2033 KAYLAS CT.
ORLANDO, FL 32817 US

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: _____ 04/30/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: AFI, ASHA
Address: 5463 VINELAND RD. #5308
City-St-Zip: ORLANDO, FL 32811 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: AFI, ASHA
Address: 2033 KAYLAS CT.
City-St-Zip: ORLANDO, FL 32817 US

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: ASHA AFI P 04/30/2004
Electronic Signature of Signing Officer or Director — Date