2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 12, 2004 08:00 AM Secretary of State

ANNUAL REPURT				Wiai 12, 2007 00.00 A			
DOCUMENT # P02000088790 1. Entity Name FLORIDA HOT WHEELS, INC.					Seci	retary o	of State
4757 ROYAL	e of Business PALM CIRCLE NE BURG, FL 33703	Mailing Address 4757 ROYAL PALM CIRCLE NE ST. PETERSBURG, FL 33703		[(4.8 44 04 144	OFFICE LLOW COME COME SOME	I DETEN RENDU LUTTE (DENE	FESS BRISNES OF SUBS
				03012004	No Chg-P	CR2E034 (10	1400 820-400 11 1027
	O NOT WRITE			4. FEI Numbe 36-450			Applied For Not Applicable 5 Additional
941 FOUR	6. Name and Address of Gurrent Re ATE CREATIONS NETWORK, IN ITH STREET #200 ACH, FL 33139				NOT W		Deriupa Particular de la companya d
the obligate	named entity submits this statement for the tions of registered agent. Signature, typed or printed name of registered agent and	<u> </u>	ed office or register		h, in the State of Flo	rida. I am familia	r with, and accept
	E NOW!!! FEE IS \$150,00	9. Election Campaign Final		.00 May Be	HOUSTON	ነበር የሚያስ	
After M	E NOW!!! FEE IS \$150,00 ay 1, 2004 Fee will be \$550.00	Trust Fund Contribution.		.00 May Be ed to Fees	03/12/04-)087072 -80048-022	2 150.00
After M: 10. HILE NAME STREET ADDRESS CITY-SI-ZIP	D MULLANEY, JOHN K 4757 ROYAL PALM CIRCLE NE ST. PETERSBURG, FL 33703	Trust Fund Contribution.				0087072 -80048-022	2 150.00
After M: 10. TITLE NAME STREET ADDRESS	OFFICERS AND DI D MULLANEY, JOHN K 4757 ROYAL PALM CIRCLE NE	Trust Fund Contribution.			UUQQAQ 03/12/04-	0087072 -80048-022	2 150.00
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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 extachment with an address, with all other like empowered.

SIGNATURE: Y

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

What. Mulancy

13/8/04

7274599101

Daytime Phone #