2004 FOR PROFIT CORPORATION

## FILED ANNUAL REPORT May 03, 2004 08:00 AN Secretary of State DOCUMENT # P02000101243 1. Entity Name TRAÉGER UTTERBACK, INC. Mailing Address Principal Place of Business 12358 RIVERFALLS COURT 12358 RIVERFALLS COURT BOCA RATON, FL. 33428 BOCA RATON, FL 33428 04102004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 11-3653231 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent UTTERBACK, MICHAEL L DO NOT WRITE 12358 RIVERFALLS COURT BOCA RATON, FL 33428 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME UTTERBACK, MICHAEL L STREET ADDRESS 12358 RIVERFALLS COURT UUNOON1 48933 CITY-ST-ZIP BOCA RATON, FL 33428 :05/09/04-80165-018 150.**0**0 D THTLE UTTERBACK, KELLIE T NAME 12358 RIVERFALLS COURT STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33428 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE

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 w

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Daytima Phone #

Applied For

Not Applicate