2004 FOR PROFIT CORPORATION ANNUAL REPORT

.. Jun 02, 2004 08:00 AM DOCUMENT # P02000101867 Secretary of State 1. Entity Name GRAN TOURISMO, U.S.A., INC. Principal Place of Business Mailing Address 8401 PINION DRIVE 8401 PINION DRIVE LAKE WORTH, FL 33467 LAKE WORTH, FL 33467 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 05-0531594 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PHILLIPS, JACK B DO NOT WRITE 2501 BRISTOL DRIVE B-3 IN THIS SPACE WEST PALM BEACH, FL 33409 3. 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 if applicable (NOTE Registered Agent signature required when reinstaling) 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. TITLE GYSBERTSEN, JAN G NAME 8401 PINION DRIVE STREET ADORESS CITY-ST-ZIP LAKE WORTH, FL 33467 TITLE GYSBERTSEN, GLORIA NAME STREET ADDRESS 8401 PINION DRIVE LAKE WORTH, FL 33467 CITY-ST-ZIP TITLE MALLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 of 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 effect like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CRY-ST-ZIP

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-827-0794 Daytime Phone *

FILED