


**2004 ANNUAL REPORT**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90207 045 \*\*\*150.00

DOCUMENT # P02000107835			
1. Entity Name 3D MAPPING CORP.		Principal Place of Business 850 COURTLAND STREET SUITE 1-C ORLANDO, FL 32804	
2. Principal Place of Business 2202 CURRY FORD RD Suite, Apt. #, etc.		3. Mailing Address 2202 CURRY FORD RD Suite, Apt. #, etc.	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32806	Country	Zip 32806	Country
6. Name and Address of Current Registered Agent RUDD, MICHAEL T 850 COURTLAND STREET SUITE 1-C ORLANDO, FL 32804		7. Name and Address of New Registered Agent Name STEPHEN D. JENNELLE CPA Street Address (P.O. Box Number is Not Acceptable) 109 S. PARK AVE City APOPKA FL Zip Code 32703	



04262004 Chg-P CR2E034 (10/03)

4. FEI Number  
APPLIED FOR 14-1854080

Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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: Stephen D. Jennelle CPA DATE: 4/27/04

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUDD, MICHAEL T 850 COURTLAND STREET SUITE 1-C ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2202 CURRY FORD RD ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: Michael J. Rudd DATE: 29 April 04 DAYTIME PHONE #: 407 342-0676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR