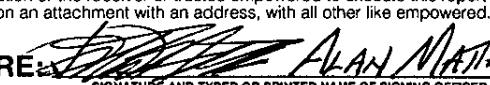


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 AUG 23 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000112269 1. Entity Name EVERYTHING TRADESHOWS, INC.					
Principal Place of Business 3901 SW 47 AVE STE 402 FT LAUDERDALE, FL 33314			Mailing Address 3901 SW 47 AVE STE 402 FT LAUDERDALE, FL 33314		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 30-0122884	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MATTHEWS, ALAN H 514 SOUTH 24 AVE HOLLYWOOD, FL 33020				Name Matthews, Alan H. Street Address (P.O. Box Number is Not Acceptable) 3901 SW 47 Ave, Ste 402 City Ft. Lauderdale FL Zip Code 33314	
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  ALAN MATTHEWS Pres. DATE 8/16/04 (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))					
Amended AR is \$61.25		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	DP MATTHEWS, ALAN H 3901 SW 47 AVE STE 402 FT LAUDERDALE, FL 33314 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 300040738773 09/01/04--01075--005 **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOCASCIO, JOHN 3901 SW 47TH AVE STE 402 FORT LAUDERDALE, FL 33314 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition D/CEO Locascio, John 3901 SW 47 Ave, Ste 402 Ft. Lauderdale, FL 33314		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PILUSO, BART 3901 SW 47TH AVE STE 402 FORT LAUDERDALE, FL 33314 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition D/CIO Peluso, Bart 3901 SW 47 Ave, Ste 402 Ft. Lauderdale, FL 33314		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHASE, CHRISTIAN D 3901 SW 47TH AVE STE 402 FORT LAUDERDALE, FL 33314 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition D/CFO Chase, Christian D. 3901 SW 47 Ave, Ste 402 Ft. Lauderdale, FL 33314		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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: 		Date 8/16/04 Daytime Phone # 954-791-8882			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					