2004 FOR PROFIT CORPORATION ANNUAL REPORT

May 03, 2004 08:00 AM Secretary of State DOCUMENT # P02000121003 THE BERNAY GROUP, INC. Principal Place of Business Mailing Address 8644-17 EAGLE RUN DR 8644-17 EAGLE RUN DR BOCA RATON, FL 33434 BOCA RATON, FL 33434 04282004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 80-0052506 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent KLEIN, BERNARD J DO NOT WRITE 8644-17 EAGLE RUN DR BOCA RATON, FL 33434 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME KLEIN, BERNARD J STREET ADDRESS 8644-17 EAGLE RUN DR U00000155084 CITY-ST-ZIP BOCA RATON, FL 33434 05/05/04-80024-001 150.00 TITLE KLEIN, NAOMI NAME STREET ADDRESS 8644-17 EAGLE RUN DR CITY-ST-ZIP BOCA RATON, FL 33434 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 true true the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or true true true that I am an officer or director of the corporation or the receiver or true true true.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PHILITION NAME OF SIGNING OFFICER OR DIRECTOR

BERLARD J. KLON, PRESIDENT

4/28/04 479-181

FILED

Daytime Phone #