√2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 19, 2004 08:00 AM Secretary of State DOCUMENT # P02000127276 1. Entity Name THE NATIONAL CENTER FOR CREATIVE RETIREMENT CO. Principal Place of Business Mailing Address 215 CELEBRATION PLACE 215 CELEBRATION PLACE SUITE 250 SUITE 250 CELEBRATION, FL 34747 CELEBRATION, FL 34747 01062004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 57-1150233 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MCMULLEN, EDWIN H SR DO NOT WRITE 215 CELEBRATION PL. **SUITE 250** IN THIS SPACE CELEBRATION, FL 34747 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 expalicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS U00000118364 PD TITLE 04/19/04-80056-023 15n.nn MCMULLEN, EDWIN H SR. 215 CELEBRATION PLACE #250 STREET ADDRESS CITY-ST-ZIP CELEBRATION, FL 34747 TITLE NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

FILED

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 supplied that an 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 receive of trustee embowered 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 attackment with an afficient of the corporation of

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP IITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> EDWIN H. MCMULLEN SR 1/10/04 (321) 939-4770 MAME OF SIGNING OFFICER OR DIRECTOR