

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000127344

Entity Name: OUNAI, INCORPORATED

FILED  
Feb 27, 2004  
Secretary of State

## Current Principal Place of Business:

148 SEMINOLE DR  
ORMOND BEACH, FL 32174

## New Principal Place of Business:

4675 SPRUCE CREEK RD.  
PORT ORANGE, FL 32127

## Current Mailing Address:

P.O. BOX 407  
ORMOND BEACH, FL 32175

## New Mailing Address:

P.O. BOX 291251  
PORT ORANGE, FL 32129

FEI Number: 57-1140439

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ABBOTT, ALDERMAN & ASSOCIATES, LL.  
555 W GRANADA BLVD, STE G10  
ORMOND BEACH, FL 32174 US

## Name and Address of New Registered Agent:

NOYES, AMANDA V/T/S  
PO BOX 291251  
PORT ORANGE, FL 32129 US

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.

SIGNATURE: AMANDA NOYES

02/27/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: NOYES, VICTOR B  
Address: 148 SEMINOLE DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP ( ) Delete  
Name: NOYES, AMANDA  
Address: 148 SEMINOLE DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: SEC (X) Delete  
Name: NOYES, AMANDA  
Address: 148 SEMINOLE DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: NOYES, VICTOR B  
Address: 7 SELENE PLACE  
City-St-Zip: PALM COAST, FL 32164

Title: VP (X) Change ( ) Addition  
Name: NOYES, AMANDA  
Address: 7 SELENE PLACE  
City-St-Zip: PALM COAST, FL 32164

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMANDA NOYES

VP

02/27/2004

Electronic Signature of Signing Officer or Director

Date