2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000133964

Entity Name: SPRAY-TEX, INC.

FILED Jan 16, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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47 SOUTH PALM AVENUE SUITE 212 4037 ANNIE ST

SARASOTA, FL FL US SARASOTA, FL 34233 US

Current Mailing Address: New Mailing Address:

47 SOUTH PALM AVENUE SUITE 212 4037 ANNIE ST

SARASOTA, FL FL US SARASOTA, FL 34233 US

FEI Number: 02-0659171 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WYKE, JEFFREY D RICHARDS, SCOTT F 6101 34TH STREET WEST #29G 4037 ANNIE ST

BRADENTON, FL 34210 US SARASOTA, FL 34233 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: SCOTT F RICHARDS 01/16/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition

 Name:
 RICHARDS, SCOTT F
 Name:

 Address:
 4037 ANNIE ST
 Address:

 City-St-Zip:
 SARASOTA, FL 34233
 City-St-Zip:

Title: VP (X) Delete Title: () Change () Addition

 Name:
 VARCHETTO, TIMOTHY W
 Name:

 Address:
 4337 WHISPERING WOODS PLACE
 Address:

 City-St-Zip:
 SARASOTA, FL 34233
 City-St-Zip:

Title: ST (X) Delete Title: () Change () Addition

 Name:
 WYKE, JEFFREY D
 Name:

 Address:
 6101 34TH ST W #296
 Address:

 City-St-Zip:
 BRADENTON, FL 34210
 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: SCOTT F RICHARDS P 01/16/2004