

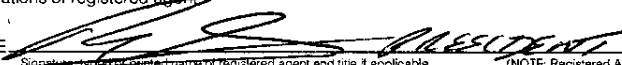
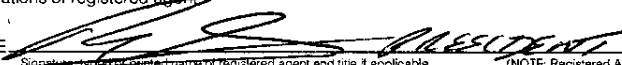
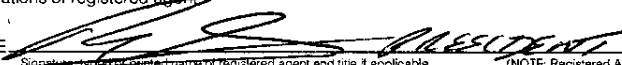
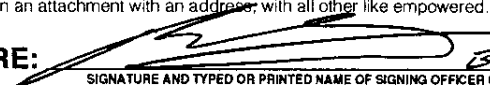


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90015 034 ***150.00

DOCUMENT # P03000001813													
1. Entity Name THE EXOTIC WARRANTY COMPANY													
Principal Place of Business 3980 MANATEE AVE. E. BRADENTON, FL 34208			Mailing Address PO BOX 316 N. CHILI, NY 14514										
2. Principal Place of Business 421 10 th AVE W Suite, Apt. #, etc.		3. Mailing Address 421 10 th AVE W Suite, Apt. #, etc.		54007517 									
City & State PALMETTO FL		City & State PALMETTO FL		4. FEI Number 02-066210-1									
Zip 34221		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required									
6. Name and Address of Current Registered Agent EVANS, BENJAMIN R 3980 MANATEE AVE. E. BRADENTON, FL 34208			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name</td> <td>BENJAMIN EVANS</td> </tr> <tr> <td style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable)</td> <td>423 10th AVE W</td> </tr> <tr> <td style="padding: 2px;">City</td> <td>PALMETTO FL</td> </tr> <tr> <td style="padding: 2px;">Zip Code</td> <td>34221</td> </tr> </table>			Name	BENJAMIN EVANS	Street Address (P.O. Box Number is Not Acceptable)	423 10 th AVE W	City	PALMETTO FL	Zip Code	34221
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Street Address (P.O. Box Number is Not Acceptable)	423 10 th AVE W												
City	PALMETTO FL												
Zip Code	34221												
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. <table style="width:100%;"> <tr> <td style="width:60%;"> SIGNATURE  </td> <td style="width:40%; text-align: right;"> 2/11/04 <small>DATE</small> </td> </tr> </table>						SIGNATURE 	2/11/04 <small>DATE</small>						
SIGNATURE 	2/11/04 <small>DATE</small>												
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees											
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11										
TITLE PRESIDENT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME BENJAMIN R. EVANS			NAME										
STREET ADDRESS 421 10 th AVE W			STREET ADDRESS										
CITY-ST-ZIP PALMETTO FL 34221			CITY-ST-ZIP										
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
NAME			NAME										
STREET ADDRESS			STREET ADDRESS										
CITY-ST-ZIP			CITY-ST-ZIP										
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition									
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CITY-ST-ZIP			CITY-ST-ZIP										
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NAME			NAME										
STREET ADDRESS			STREET ADDRESS										
CITY-ST-ZIP			CITY-ST-ZIP										
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: 			BENJAMIN R. EVANS PRESIDENT										
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/11/04 <small>Date</small>										
			941-723-1238 <small>Daytime Phone #</small>										