


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90052 014 ***150.00

DOCUMENT # P03000003527	
1. Entity Name SCREAMING EAGLES PROPERTIES, INC.	

Principal Place of Business 1130 CYPRESS AVE. N.W. LABELLE FL 33935	Mailing Address 1130 CYPRESS AVE. N.W. LABELLE FL 33935
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34009287



MOORE CR2E034 (11/03)

2. Principal Place of Business 5637 2nd St. West	3. Mailing Address 5637 2nd St. West
Suite, Apt. #, etc. 1	Suite, Apt. #, etc. 1

City & State Lehigh Acres, FL	City & State Lehigh Acres, FL
Zip 33971	Zip 33971
Country U.S.A.	Country U.S.A.

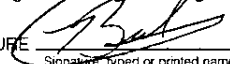
4. FEI Number 11-3671444	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SANDERS, JAMES R 1130 CYPRESS AVE. N.W. LABELLE FL 33935
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5637 2nd St. West City Lehigh Acres FL Zip Code 33971

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  (NOTE: Registered Agent signature required when reinstating) DATE **2/4/04**

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
P SANDERS, JAMES R 1130 CYPRESS AVE. N.W. LABELLE FL 33935	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
VP SANDERS, WILLIAM B 3637 SECOND ST. S.W. LEHIGH ACRES FL 33971	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5637 2nd St. West Lehigh Acres, FL 33971 33971	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Brad Sanders** DATE **2/4/04** DAYTIME PHONE # **239-872-0255**