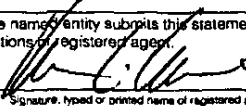
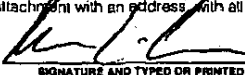


2004 FOR PROFIT CORPORATION ANNUAL REPORT

1/1

FILED
Feb 04, 2004 8:00 am
Secretary of State

01-14-2004 90007 035 ***150.00

DOCUMENT # P03000003896			
1. Entity Name ATTENTIVELY YOURS, INC.			
Principal Place of Business 5402 NW 23RD TERRACE FT. LAUDERDALE, FL 33309		Mailing Address 5402 NW 23RD TERRACE FT. LAUDERDALE, FL 33309	
2. Principal Place of Business 1306 UNIVERSITY DRIVE Suite, Apt. #, etc.		3. Mailing Address 3611 OAKS CLUBHOUSE DRIVE Suite, Apt. #, etc. 103	
City & State Coral Springs FL Zip 33091 Country USA		City & State Pompano Beach FL Zip 33069 Country USA	
4. FEI Number 450496176		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CIANFLONE, KAREN E 5402-NW 23RD-TERRACE FT. LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3611 OAKS CLUBHOUSE DRIVE UNIT 103 Pompano Beach FL 33069	
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  KAREN E. CIANFLONE - PRESIDENT DATE 1/12/04 (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing))			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CIANFLONE, KAREN F 5402 NW 23RD TERRACE FT. LAUDERDALE, FL 33309 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 3611 OAKS CLUBHOUSE DRIVE #103 Pompano Beach FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  KAREN E. CIANFLONE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 1/12/04 Date	

33001000



01062004 Chg-P CR2E034 (10/03)