

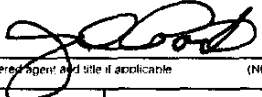
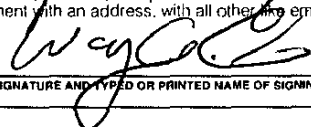


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90037 006 \*\*\*150.00

<b>DOCUMENT # P03000006833</b>					
<b>1. Entity Name</b> JOHN - WAYNE ENTERPRISES INC.					
<b>Principal Place of Business</b> 5520 TEAKWOOD ROAD LAKE WORTH, FL 33467 US			<b>Mailing Address</b> 5520 TEAKWOOD ROAD LAKE WORTH, FL 33467 US		
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.		<b>94030245</b>  	
<b>City &amp; State</b>		<b>City &amp; State</b>		01272004    Chg-P    CR2E034 (10/03)	
<b>Zip</b>		<b>Country</b>		<b>4. FEI Number</b> <b>05-0549323</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b>  JOHN PORTER ACCOUNTING INC. 1403 W. BOYNTON BEACH BLVD. 9 BOYNTON BEACH, FL 33426			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE: 		DATE: <b>02/05/04</b>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BLOUNT, JOHN S</b> <b>1227 CHEROKEE ST.</b> <b>JUPITER, FL 33458</b>		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ERKER, WAYNE A</b> <b>5520 TEAKWOOD ROAD</b> <b>LAKE WORTH, FL 33467</b>		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ERKER, WAYNE A</b> <b>5520 TEAKWOOD ROAD</b> <b>LAKE WORTH, FL 33467</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 names empowered.</b>					
<b>SIGNATURE:</b> 		DATE: <b>3/10/04</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					