
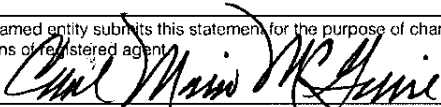



2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-04-2004 90148 014 ***150.00

DOCUMENT # P03000007187 1. Entity Name MAINSTREAM COMPANIES, INC.					
Principal Place of Business 1401 MANATEE AVENUE WEST SUITE 1200 BRADENTON, FL 34205			Mailing Address 1401 MANATEE AVENUE WEST SUITE 1200 BRADENTON, FL 34205		
2. Principal Place of Business 21555 CR 675 Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.			
City & State Myakka City, FL.		City & State Same		4. FEI Number 51-0442317	
Zip 34251		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent McGUIRE, HUGH E. JR. 1401 MANATEE AVENUE WEST SUITE 1200 BRADENTON, FL 34205			7. Name and Address of New Registered Agent Name Carol Masio McGuire Street Address (P.O. Box Number is Not Acceptable) 1401 Manatee Avenue West, Suite 1200 City Bradenton FL Zip 34205		
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  DATE 4/29/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <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 NAME STREET ADDRESS CITY-ST-ZIP			TITLE President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME John Falkner STREET ADDRESS 4555 Verna Bethany Road CITY-ST-ZIP Myakka City, FL 34251		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Hugh E. McGuire, Jr. STREET ADDRESS 21555 CR 675 CITY-ST-ZIP Myakka City, FL 34251		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE Sec/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Emilio De Vergara STREET ADDRESS 21555 CR 675 CITY-ST-ZIP Myakka City, FL 34251		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 4-29-04 Daytime Phone # 941-776-8823		