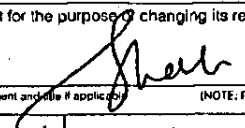
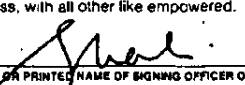


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jul 09, 2004 8:00 am
Secretary of State

05-12-2004 90204 017 ***150.00

DOCUMENT # P03000008832 1. Entity Name DOLLAR CORNER INC.					
Principal Place of Business 2670 HILLIARD COURT KISSIMMEE, FL 34744 US			Mailing Address 2670 HILLIARD COURT KISSIMMEE, FL 34744 US		
2. Principal Place of Business 885 Scenic Hwy		3. Mailing Address 885 Scenic Hwy			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Pensacola FL		City & State Pensacola FL		4. FEI Number 200-064435	
Zip 32503		Country USA		Applied For ☐ Not Applicable	
Zip 32503		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WAHAB, AQIL 2670 HILLIARD COURT KISSIMMEE, FL 34744				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: 5-5-04 Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)					
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	D WAHAB, SHAIKH A 2670 HILLIARD CT KISSIMMEE, FL 34744		TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		☐ 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:  SHAIKH WAHAB. 5-5-04 850-433-5459 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

66429661



04272004 Chg-P CR2E034 (10/03)