

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P03000008871</b> 1. Entity Name <b>3-D SOAP OPERA LAUNDROMAT, INC.</b>			<b>FILED</b> 04 MAY -7 PM 12:22 SECRETARY OF STATE TALLAHASSEE, FLORIDA 04/26/04 91044 048 \$150.00 
Principal Place of Business <b>5321 BRITTON RD PLANT CITY, FL 33565</b>		Mailing Address <b>5321 BRITTON RD PLANT CITY, FL 33565</b>	
2. Principal Place of Business <b>3905 Cason Road</b>	3. Mailing Address <b>P.O. Box 644</b>	Suite, Apt. #, etc. 	
City & State <b>Plant City, Florida</b>	City & State <b>Lithia, Florida</b>	4. FEI Number <b>82-45-0498165</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip <b>33566</b>	Country <b>USA</b>	Zip <b>33547</b>	Country <b>USA</b>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04222004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>STARBOARD, DONALD R 5321 BRITTON RD PLANT CITY, FL 33565</b>		7. Name and Address of New Registered Agent Name <b>Donald R. Starboard</b> Street Address (P.O. Box Number is Not Acceptable) <b>3905 Cason Rd</b> City <b>Plant City</b> <b>FL</b> Zip Code <b>33566</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. SIGNATURE <u>Donald R. Starboard</u> <span style="float: right;">Donald R. Starboard 4/23/04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D STARBOARD, DONALD R 5321 BRITTON RD PLANT CITY, FL 33565</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D STARBOARD, DONNA L 5321 BRITTON RD PLANT CITY, FL 33565</b>	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Donald R. Starboard</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/23/04 (813)244-1175 <small>Date Daytime Phone #</small>	