


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90017 040 ***150.00

DOCUMENT # P03000013034	
1. Entity Name R L GRAHAM, INC.	

Principal Place of Business 4300 S.E. ST. LUCIE BLVD. #161 STUART, FL 34997 US	Mailing Address 4300 S.E. ST. LUCIE BLVD. #161 STUART, FL 34997 US
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01062004 Chg-P CR2E034 (10/03)

2. Principal Place of Business 1950 SE Cove Rd Suite, Apt. #, etc.	3. Mailing Address 1950 SE Cove Rd Suite, Apt. #, etc.
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City & State Stuart, FL	City & State Stuart, FL
Zip 34997	Country Martin

4. FEI Number 55-0830865	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GRAHAM, ROBERT L 4300 S.E. ST. LUCIE BLVD. #161 STUART, FL, FL 34997	
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7. Name and Address of New Registered Agent Name Graham, Robert L. Street Address (P.O. Box Number is Not Acceptable) 1950 SE Cove Rd City Stuart FL Zip Code 34997	
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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 <i>Robert L. Graham</i> Robert L. Graham	DATE 01/08/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Pres. Robert L. Graham
STREET ADDRESS	1950 SE Cove Rd.
CITY-ST-ZIP	Stuart, FL 34997
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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: <i>Robert L. Graham</i> Robert L. Graham	DATE 01/08/04 (772) 341-5378