

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000016349

FILED
Apr 15, 2004
Secretary of State

Entity Name: FLOOD RE-CLASSIFICATION INC.

Current Principal Place of Business:

2269 S. UNIVERSITY DR., STE. #321
DAVIE, FL 33324

New Principal Place of Business:

P.O. BOX 550143
FT. LAUDERDALE, FL 33355

Current Mailing Address:

2269 S. UNIVERSITY DR., STE. #321
DAVIE, FL 33324

New Mailing Address:

P.O. BOX 550143
FT. LAUDERDALE, FL 33355

FEI Number: 27-0068415

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUFFY, JOYCE
2269 S. UNIVERSITY DR., STE. #321
DAVIE, FL 33324 US

Name and Address of New Registered Agent:

DUFFY, JOYCE
P.O. BOX 550143
FT. LAUDERDALE, FL 33355 US

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.

SIGNATURE: JOYCE M. DUFFY

04/15/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: WOODRUFF, JERRY
Address: 2269 S. UNIVERSITY DR., STE. #321
City-St-Zip: DAVIE, FL 33324

Title: VTD () Delete
Name: DUFFY, JOYCE
Address: 2269 S. UNIVERSITY DR., STE. #321
City-St-Zip: DAVIE, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: WOODRUFF, JERRY
Address: P.O. BOX 550143
City-St-Zip: FT. LAUDERDALE, FL 33355

Title: VTD (X) Change () Addition
Name: DUFFY, JOYCE
Address: P.O. BOX 550143
City-St-Zip: FT. LAUDERDALE, FL 33355

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOYCE M. DUFFY

VTD

04/15/2004

Electronic Signature of Signing Officer or Director

Date