
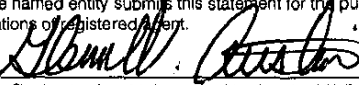
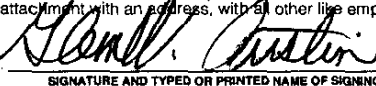


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2004 8:00 am**  
**Secretary of State**

02-05-2004 90016 044 \*\*\*150.00

<b>DOCUMENT # P03000023687</b> 1. Entity Name <b>VOLUVINEE, INC.</b>																													
Principal Place of Business <b>1111 SOUTH ORANGE AVE ORLANDO, FL 32806</b>			Mailing Address <b>1111 SOUTH ORANGE AVE ORLANDO, FL 32806</b>																										
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																											
City & State  Zip		City & State  Zip		4. FEI Number <b>56-2332663</b>																									
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>REID, JOHN J ESQ 390 N ORANGE AVE STE 2180 ORLANDO, FL 32801</b>				7. Name and Address of New Registered Agent Name <b>Glenn W. Austin</b> Street Address (P.O. Box Number is Not Acceptable) <b>1111 South Orange Ave.</b> City <b>Orlando</b> FL <b>32806</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  <b>Glenn W. Austin</b> DATE <b>02/02/2004</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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"/> <b>\$5.00 May Be Added to Fees</b>																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td><b>AUSTIN, GLENN W</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>1111 SOUTH ORANGE AVE</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>ORLANDO, FL 32806</b></td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	NAME	<b>AUSTIN, GLENN W</b>		STREET ADDRESS	<b>1111 SOUTH ORANGE AVE</b>		CITY-ST-ZIP	<b>ORLANDO, FL 32806</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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)(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  <b>Glenn W. Austin</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>02/02/2004</b> Daytime Phone # <b>407-841-6770</b>																									