
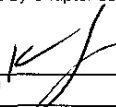


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90014 050 ***150.00

DOCUMENT # P03000027495 1. Entity Name EXPRESS SHOP VII, INC.					
Principal Place of Business 7399 SE 12TH CIR OCALA, FL 34480				Mailing Address 7399 SE 12TH CIR OCALA, FL 34480	
2. Principal Place of Business 1757 GLENWICK DR Suite, Apt. #, etc.				3. Mailing Address 1757 GLENWICK DR Suite, Apt. #, etc.	
City & State WINDERMERE - FL		City & State WINDERMERE - FL		4. FEI Number 02162004 Chg-P CR2E034 (10/03)	
Zip 34786 Country USA		Zip 34786 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLANAGAN, GREGORY S 2701 SE MARICAMP RD STE 104 OCALA, FL 34471				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: _____</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$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 REDDY, R. MANJO 7399 SE 12TH CIR OCALA, FL 34480	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/REDDY, R. MANJO 1757 GLENWICK DR WINDERMERE FL 34786	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUCHAKULLA, N. REDDY 1757 GLENWICK DR WINDERMERE - FL 34786	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUCHAKULLA, N. REDDY 1757 GLENWICK DR WINDERMERE - FL 34786	<input type="checkbox"/> Change <input checked="" 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)(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: KUCHAKULLA, N. REDDY 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 2/25/04 Daytime Phone # 352-239-0916		