2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000031319

Entity Name: ROMAIDE, INC.

FILED Apr 27, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

306 FOUNTAINVIEW CIR RR2 BOX 751WC

OLDSMAR, FL 34677 LAKE BUTLER, FL 32054 US

Current Mailing Address: New Mailing Address:

306 FOUNTAINVIEW CIR PO BOX 149

OLDSMAR, FL 34677 WORTHINGTON SPRINGS, FL 32697 US

FEI Number: 68-0492436 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR

4TH FLOOR LAKE BUTLER, FL 32054 US MIAMI, FL 33145 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: ROBERT E HAKES 04/27/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDIT

Title: PD () Delete
Name: JUBELT, DANIEL H
Address: 306 FOLINTAINVIEW C

Address: 306 FOUNTAINVIEW CIR
City-St-Zip: OLDSMAR, FL 34677

Title: ST () Delete

Name: HAKES, BOB Address: 306 FOUNTAINVIEW CI

Address: 306 FOUNTAINVIEW CIR City-St-Zip: OLDSMAR, FL 34677 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition Name: JUBELT, DANIEL H

Address: 378 FOUNTAINVIEW CIR City-St-Zip: OLDSMAR, FL 34677 US

Title: ST (X) Change () Addition

Name: HAKES, ROBERT E Address: RR 2 BOX 751WC

HAKES, ROBERT E

RR2 BOX 751WC

City-St-Zip: LAKE BUTLER, FL 32054 US

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: ROBERT E HAKES ST 04/27/2004