2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004
Secretary of State

DOCUMENT# P03000032060

Entity Name: TECHWORKS UNLIMITED, INC.

Current Principal Place of Business:

102 NEW HAVEN AVENUE
PMB 121
MELBOURNE, FL 32901 US

New Principal Place of Business:

102 EAST NEW HAVEN AVENUE
PMB 121
MELBOURNE, FL 32901 US

Current Mailing Address:

102 NEW HAVEN AVENUE
PMB 121
MELBOURNE, FL 32901 US

New Mailing Address:

102 EAST NEW HAVEN AVENUE
PMB 121
MELBOURNE, FL 32901 US

FEI Number: 06-1688924 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, SCOTT
301 SEVENTH AVENUE
INDIALANTIC, FL 32903 US

Name and Address of New Registered Agent:

SMITH, TOVE C PRES
321 SEVENTH AVENUE
INDIALANTIC, FL 32903 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: TOVE C. SMITH 04/23/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SMITH, TOVE
Address: 301 SEVENTH AVENUE
City-St-Zip: INDIALANTIC, FL 32903 US

Title: VP ( ) Delete
Name: SMITH, SCOTT
Address: 301 SEVENTH AVENUE
City-St-Zip: INDIALANTIC, FL 32903 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SMITH, TOVE
Address: 321 SEVENTH AVENUE
City-St-Zip: INDIALANTIC, FL 32903 US

Title: VP (X) Change ( ) Addition
Name: SMITH, SCOTT
Address: 321 SEVENTH AVENUE
City-St-Zip: INDIALANTIC, FL 32903 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: TOVE C SMITH PRES 04/23/2004
Electronic Signature of Signing Officer or Director Date