2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P03000035168

Entity Name: SIDE EFFECTS, INC.

Current Principal Place of Business:

8140 S. E. 73RD. DRIVE
GAINESVILLE, FL 32641

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 684
GAINESVILLE, FL 32602

New Mailing Address:

FEI Number: 03-0511590 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDE, MELVIN J JR.
P. O. BOX 684
GAINESVILLE, FL, FL 32602

Name and Address of New Registered Agent:

ANDE, VICTORIA M
P. O. BOX 684
GAINESVILLE, FL, FL 32602

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: VICTORIA M. ANDE 04/30/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: ANDE, MELVIN J JR.
Address: P. O. BOX 684
City-St-Zip: GAINESVILLE, FL 32602

Title: PTD ( ) Delete
Name: ANDE, VICTORIA M
Address: P. O. BOX 684
City-St-Zip: GAINESVILLE, FL 32602

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change ( ) Addition
Name: ANDE, MELVIN J JR.
Address: P. O. BOX 684
City-St-Zip: GAINESVILLE, FL 326020684

Title: PTD (X) Change ( ) Addition
Name: ANDE, VICTORIA M
Address: P. O. BOX 684
City-St-Zip: GAINESVILLE, FL 326020684

Title: VPD ( ) Change (X) Addition
Name: TREESE, ELIZABETH A
Address: P. O. BOX 684
City-St-Zip: GAINESVILLE, FL 326020684

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: VICTORIA M. ANDE PTD 04/30/2004
Electronic Signature of Signing Officer or Director Date