2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004
Secretary of State

DOCUMENT# P03000039313

Entity Name: DAICOR HOLDINGS INC.

Current Principal Place of Business:

(9044) 4119 NORTH STATE ROAD 7
LAUDERDALE LAKES, FL 33319 US

New Principal Place of Business:

Current Mailing Address:

(9044) 4119 NORTH STATE ROAD 7
LAUDERDALE LAKES, FL 33319 US

New Mailing Address:

PO BOX 9642
TAMRAC, FL 33310 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LEGALZOOM NEVADA INC
44 W. FLAGLER ST.
SUITE 675
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JONES, ELGIN O
Address: (9044) 4119 NORTH STATE ROAD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319 US

Title: TREA (X) Delete
Name: JONES, ELGIN O
Address: (9044) 4119 NORTH STATE ROAD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319 US

Title: SECY (X) Delete
Name: JONES, ELGIN O
Address: (9044) 4119 NORTH STATE ROAD 7
City-St-Zip: LAUDERDALE LAKES, FL 33319 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: JONES, ELGIN O
Address: PO BOX 9642
City-St-Zip: TAMARAC, FL 33310 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ELGIN O. JONES PRES 07/12/2004

Electronic Signature of Signing Officer or Director Date