2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State 03-31-2004 90026 015 ***150.00 DOCUMENT # P03000042229 RUSSIAN HOUSE, INC. 94040077 Principal Place of Business Mailing Address 822 E NEW HAVEN 822 E NEW HAVEN MELBOURNE, FL 32901 MELBOURNE, FL 32901 2. Principal Place of Business 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc. 01292004 CR2E034 (10/03) 4. FELNumber City & State City & State Applied For 88002 Not Applicable Country Zio Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEMBETOVA, NATALIE 822 E NEW HAVEN Street Address (P.O. Box Number is Not Acceptable) MELBOURNE, FL 32901 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 me obligations of registered agent. SIGNATURE Superant regard or newest name of registered agent and bleed agent cable (NOTE: Registered Agent signature required whore revistating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Sitt Addition Delete TITLE BEMBETOVA, NATALIE 44.15 NAME STREET ADDRESS 822 E NEW HAVEN STREET ADDRESS MELBOURNE, FL 32901 CITY ST ZIP Delete 160 TITLE ☐ Change Applican 1,23,5 JARET AUDRESS STREET ADDRESS 2010 37 792 CITY ST-ZIP int! Delete TITLE ☐ Change Addition 1,41,15 NAME PART - GAREGE STREET ADDRESS 351 51 75 CITY-ST-ZIP ☐ Delete 30116 TITLE ☐ Change ■ Addition NAME SIREST ADDRESS STREET ADDRESS 317 - 51 310 CITY - ST - ZIP 3013 Delete TITLE ☐ Change Addition 9488 NAMÉ STREET ADDRESS ETREET ADDRESS CP St 244 CITY-ST ZIP $\mathbb{V}_{t}.$ Delete TITLE Change Datable [HAME NAME STREET ADDRESS STREET ADDRESS

FILED Mar 31, 2004 8:00 am

mereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes. If further certify that the information indicated on this report or suppliemental 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

CITY ST-ZIP

0.75 ET 21P