2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 28, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # P0300004	Secretary of State 05-04-2004 90169 028 ***150.00						
School Plan	e of Business	Mailine Address	<u></u>	-				
2200 N PON	ICE DE LEÓN BLVD #2	Mailing Address 2200 N PONCE DE LE ST. AUGUSTINE, FL 32	ON BLVD #2	1000 Jan 1970 Jan 1970	66424	860	O-7.	
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2. Principal P	Place of Business	3. Mailing Address		· 120 / 1				
Suite, Apt. #, etc. Suite, Apt. #, etc.			04142004 Chg-	P CR2	E034 (10/03)	•		
City & State		City & State		4. FEI Number 54-210	8606	Ap	plied For	
Zip	Country	Zip	Country	5. Certificate of Status I		\$8.75 Add Fee Required		
	6. Name and Address of Currer	nt Registered Agent		7. Name and Address	of New Registers	d Agent		
THID ALS T	C BICHARD K 1D	Name	Name					
	「, RICHARD K JR. DNCE DE LEON BLVD #2	Street Addres	Street Address (P.O. Box Number is Not Acceptable)					
ST. AUGUSTINE, FL 32084				The state of the s				
					<u> </u>			
			City	FL Zip Code				
	Signature, typind or printed registered ago E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee Will be \$550	9. Election Campa		55.00 May Be			, U. F.	
		D DIRECTORS 121 14 14 31) ADDITIONS/CHANGES	TO OFFICERS A	ND DIRECTORS	3 IN 11	
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12. I hereby certify that the information supplied with this filling does not qualify for the examption 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 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 is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ESCHATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04

904/819-04//