


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P03000049682</b> 1. Entity Name <b>PVM ENTERPRISES, INC.</b>					
Principal Place of Business <b>243 W. PARK AVENUE SUITE 201 WINTER PARK, FL 32789 US</b>			Mailing Address <b>243 W. PARK AVENUE SUITE 201 WINTER PARK, FL 32789 US</b>		
2. Principal Place of Business <b>15920 S. US 441</b>		3. Mailing Address <b>15920 S. US 441</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Summerfield, FL</b>		City & State <b>Summerfield, FL</b>		4. FEI Number <b>20-0324703</b>	
Zip <b>34491</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>LARSEN, ERIK C 243 W. PARK AVENUE SUITE 201 WINTER PARK, FL 32789</b>			7. Name and Address of New Registered Agent Name <b>Harris, Phil</b> Street Address (P.O. Box Number is Not Acceptable) <b>15920 S. US 441</b> City <b>Summerfield</b> <b>FL</b> Zip Code <b>34491</b>		
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 the obligations of registered agent. SIGNATURE <b>Phil Harris</b> <b>Phil Harris</b> <b>Jan. 22, 2004</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRIS, PHIL <input type="checkbox"/> Delete <b>18 MAPLE LEAF DR., MARSTON GREEN BIRMINGHAM, WEST MIDLAND, UK B37 7JB</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Harris, Phil <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>15920 S. US Highway 441 Summerfield, FL 34491</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARRIS, VALERIE <input type="checkbox"/> Delete <b>18 MAPLE LEAF DR., MARSTON GREEN BIRMINGHAM, WEST MIDLAND, UK B37 UJB</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Harris, Valerie <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>15920 S. US Highway 441 Summerfield, FL 34491</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
SIGNATURE: <b>Phil Harris</b> <b>Phil Harris, Pres.</b> <b>Jan. 22, 2004</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					