FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90250 048 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000062838

1. Entity Name
3 D BROKERS, INC.

Principal Place of Business
~~221 S.E. 44TH TERR.~~
~~OCALA, FL 34471~~

Mailing Address
~~221 S.E. 44TH TERR.~~
~~OCALA, FL 34471~~

04132004 Chg-P CR2E034 (10/03)

2. Principal Place of Business: P.O. Box 273
Suite, Apt. #, etc.
City & State: SEBRING, FL
Zip: 33871-0273 Country

3. Mailing Address: P.O. Box 273
Suite, Apt. #, etc.
City & State: SEBRING FL
Zip: 33871-0273 Country

4. FEI Number: 51-0469961 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CARTER, KAREN
~~221 S.E. 44TH TERR.~~
~~OCALA, FL 34471~~

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable): 135 Ranchero Dr.
City: Sebring FL, FL Zip Code 33870

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 X Karen Carter — 4-13-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARTER, KAREN ~~221 S.E. 44TH TERR.~~ ~~OCALA, FL 34471~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.O. Box 273 Sebring FL, 33871-0273	☒ Change ☐ Addition
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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: X Karen Carter — 4-13-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #