2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000064598

Entity Name: BENJAMIN TRIBE, INC.

FILED Apr 30, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 810 WIL-O-WIK DRIVE 1311 S. PALMETTO AVE. CASSELBERRY, FL 32707 SANFORD, FL 32771 **Current Mailing Address: New Mailing Address:** 810 WIL-O-WIK DRIVE 1311 S. PALMETTO AVE. CASSELBERRY, FL 32707 SANFORD, FL 32771 FEI Number: 20-0036786 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BENJAMIN, MARIE F BENJAMIN, MARIE F 810 WIL-O-WIK DRIVE 1311 S. PALMETTO AVE. CASSELBERRY, FL 32707 SANFORD, FL 32771 US 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: 04/30/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: **PRFS** () Change (X) Addition BENJAMIN, MARIE F Name: Name: 1311 S. PALMETTO AVE. Address: Address: City-St-Zip: City-St-Zip: SANFORD, FL 32771 Title: Title: PRES () Change (X) Addition () Delete Name: Name: BENJAMIN, JAMES B 1311 S. PALMETTO AVE. Address: Address: SANFORD, FL 32771 City-St-Zip: City-St-Zip: Title: () Change (X) Addition Title: () Delete VICE BENJAMIN, JAMES F Name: Name: 1311 S PALMETTO AVE Address Address: City-St-Zip: City-St-Zip: SANFORD, FL 32771 Title: () Delete Title: VICE () Change (X) Addition BENJAMIN, MARISSA L Name: Name: Address: Address: 1311 S. PALMETTO AVE. City-St-Zip: City-St-Zip: SANFORD, FL 32711 Title: Title: () Change (X) Addition () Delete BENJAMIN, JEREMAIH C Name: Name: Address: Address: 1311 S. PALMETTO AVE. City-St-Zip: City-St-Zip: SANFORD, FL 32771

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: MARIE F. BENJAMIN **PRES** 04/30/2004