2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000075302

Entity Name: OVERLORD HOLDINGS, INC.

FILED Apr 26, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1810 N UNIVERSITY DRIVE 10092 NW 50TH ST PLANTATION, FL 33322 SUNRISE, FL 33351

Current Mailing Address: New Mailing Address:

1810 N UNIVERSITY DRIVE 10092 NW 50TH ST PLANTATION, FL 33322 SUNRISE, FL 33351

FEI Number: 51-0475157 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:

WILLIAM GREENE ASSOCIATES, PA 11450 WEST SAMPLE ROAD CORAL SPRINGS, FL, FL 33065 MICHAEL, SCANSAROLI J 10092 NW 50TH ST SUNRISE, FL 33351

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: MICHAEL J SCANSAROLI 04/26/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition SCANSAROLI, LAURA SCANSAROLI, LAURA H Name: Name: 8700 NW 24TH PL 1810 N UNIVERSITY DRIVE Address: Address: SUNRISE, FL 33322 City-St-Zip: PLANTATION, FL 33322 City-St-Zip:

Title: V () Delete Title: VP (X) Change () Addition

 Name:
 SCANSAROLI, MICHAEL
 Name:
 SCANSAROLI, MICHAEL J

 Address:
 1810 N UNIVERSITY DRIVE
 Address:
 8700 NW 24TH PL

 City-St-Zip:
 PLANTATION, FL 33322
 City-St-Zip:
 SUNRISE, FL 33322

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: LAURA H SCANSAROLI P 04/26/2004