2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2004
Secretary of State

DOCUMENT# P03000076813

Entity Name: MAXIMUM PROFORMANCE, INC.

Current Principal Place of Business:

2039 NEW STONECASTLE TERRACE #215
WINTER PARK, FL 32792

New Principal Place of Business:

929 MICHIGAN AVENUE
ST. CLOUD, FL 34769

Current Mailing Address:

2039 NEW STONECASTLE TERRACE #215
WINTER PARK, FL 32792

New Mailing Address:

929 MICHIGAN AVENUE
ST. CLOUD, FL 34769

FEI Number: 61-1453392 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORALES, ANTHONY
2039 NEW STONECASTLE TERRACE #215
WINTER PARK, FL 32792

Name and Address of New Registered Agent:

MORALES, ANTHONY
929 MICHIGAN AVENUE
ST. CLOUD, FL 34769

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: 08/31/2004
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MORALES, ANTHONY
Address: 2039 NEW STONECASTLE TERRACE #215
City-St-Zip: WINTER PARK, FL 32792

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: O ( ) Change (X) Addition
Name: KUN, JAMES E
Address: 1021 GRAPE AVENUE
City-St-Zip: ST. CLOUD, FL 34769

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: ANTHONY MORALES D 08/31/2004
Electronic Signature of Signing Officer or Director — Date