


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90056 040 \*\*\*150.00


<b>DOCUMENT # P03000077825</b>	
1. Entity Name <b>ATTIC ADDICTION, INC.</b>	

Principal Place of Business <b>1400 NE 28TH PL WILTON MANORS FL 33334</b>	Mailing Address <b>1400 NE 28TH PL WILTON MANORS FL 33334</b>
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2. Principal Place of Business <b>2205 Wilton Dr.</b>	3. Mailing Address <b>1400 NE 28 Place</b>
Suite, Apt. #, etc. <b>A</b>	Suite, Apt. #, etc.

City & State <b>Wilton Manors Fla.</b>	City & State <b>Wilton Manors Fla.</b>
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Zip <b>33305</b>	Country <b>U.S.A.</b>	Zip <b>33334</b>	Country <b>U.S.A.</b>
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MOORE CR2E034 (11/03)

4. FEI Number <b>01-0794922</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>BUONOMO, RAYMOND A 1400 NE 28TH PL WILTON MANORS FL 33334</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE <b>Pres/Sec</b>	<input type="checkbox"/> Delete
NAME <b>Raymond A. Buonomo</b>	
STREET ADDRESS <b>1400 NE 28 Place</b>	
CITY-ST-ZIP <b>Wilton Manors Fla. 33334</b>	
TITLE <b>V Pres/treas.</b>	<input type="checkbox"/> Delete
NAME <b>Jane Buonomo</b>	
STREET ADDRESS <b>1400 NE 28 Place</b>	
CITY-ST-ZIP <b>Wilton Manors Fla. 33334</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Jane Buonomo **Jane Buonomo** 2/2/04 954-568-9800  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #