2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000078931

Entity Name: MAYBAR ONE CORP

FILED Apr 27, 2004 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

249 S. VAN DORN STREET 321 W HORNBEAM DR

SUITE 208 LONGWOOD, FL 32779 US

ALEXANDRIA, VA 22304 US

Current Mailing Address: New Mailing Address:

249 S. VAN DORN STREET 321 W HORNBEAM DR

SUITE 208 LONGWOOD, FL 32779 US ALEXANDRIA, VA 22304 US

FEI Number: 20-1046684 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:

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 32301 US

GROSS, ANDREW L

321 W HORNBEAM DR

LONGWOOD, FL 32779 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: ANDREW L GROSS 04/27/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 P/D
 (X) Change () Addition

 Name:
 GROSS, ANDREW
 Name:
 GROSS, ANDREW

 Address:
 249 S. VAN DORN STREET, SUITE 208
 Address:
 321 W HORNBEAM DR

 City-St-Zip:
 ALEXANDRIA, VA 22304 US
 City-St-Zip:
 LONGWOOD, FL 32779 US

 Name:
 GROSS, LAURA
 Name:
 GROSS, LAURA

 Address:
 249 S. VAN DORN STREET, SUITE 208
 Address:
 321 W HORNBEAM DR

 City-St-Zip:
 ALEXANDRIA, VA 22304 US
 City-St-Zip:
 LONGWOOD, FL 32779 US

Title: D () Delete Title: () Change () Addition

 Name:
 GROSS, NORMAN
 Name:

 Address:
 249 S. VAN DORN STREET, SUITE 208
 Address:

City-St-Zip: ALEXANDRIA, VA 22304 US City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 LOVELACE, KENT E JR.
 Name:

 Address:
 P.O. BOX 1347
 Address:

 City-St-Zip:
 GULFPORT, MS 39052 US
 City-St-Zip:

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: ANDREW L GROSS PRES 04/27/2004