2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004
Secretary of State

DOCUMENT# P03000079579

Entity Name: GHF MANAGEMENT, INC.

Current Principal Place of Business:

7821 REFLECTION COVE DRIVE
APT. # 202
FT MYERS, FL 33907 US

New Principal Place of Business:

15042 TAMARIND CAY CT.
503
FT MYERS, FL 33908 US

Current Mailing Address:

7821 REFLECTION COVE DRIVE
APT. # 202
FT MYERS, FL 33907 US

New Mailing Address:

15042 TAMARIND CAY CT.
503
FT MYERS, FL 33908 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FUNK, HORST SR.
15042 TAMARIND CAY CT. #503
FT MYERS, FL 33908 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FUNK, HORST SR.
Address: 7821 REFLECTION COVE DRIVE # 202
City-St-Zip: FT MYERS, FL 33907 US

Title: V ( ) Delete
Name: FUNK, GABRIELE
Address: 7821 REFLECTION COVE DRIVE # 202
City-St-Zip: FT MYERS, FL 33907 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FUNK, HORST SR.
Address: 15042 TAMARIND CAY CT. # 503
City-St-Zip: FT MYERS, FL 33908 US

Title: V (X) Change ( ) Addition
Name: FUNK, GABRIELE
Address: 15042 TAMARIND CAY CT. # 503
City-St-Zip: FT MYERS, FL 33908 US

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: GABRIELE FUNK V 04/14/2004

Electronic Signature of Signing Officer or Director — Date