2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90686 025 ***150.00

DOCUMENT # P03000080611

1. Entity Name
CHRISTYWILD, INC.

Principal Place of Business	Mailing Address
4902 N MACDILL AVE UNIT 1105 TAMPA, FL 33614	4902 N MACDILL AVE UNIT 1105 TAMPA, FL 33614

2. Principal Place of Business	3. Mailing Address
8202 DOWNFIELD LN	P.O. BOX 260502
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA FL	City & State: TAMPA, FL
Zip: 33615 Country: USA	Zip: 33685 Country: USA

04262004 Chg-P CR2E034 (10/03)

4. FEI Number: 02-0702310 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPEIGEL & UTRERA, P.A. 1840 SW 22 ST 4TH FL MIAMI, FL 33145	Name: JOHN V. TORTORELLO Street Address (P.O. Box Number is Not Acceptable): 4822 BONITA VISTA DR. City: TAMPA FL Zip Code: 33634

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: J Tortorello RA 4/28/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD MCDONALD, RICHMOND J 4902 N MACDILL AVE UNIT 1105, TAMPA, FL 33614 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/S MCDONALD, RICHMOND J. 8202 DOWNFIELD LN. TAMPA, FL 33615 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD OSTROFF, CHRISTINE 4902 N MACDILL AVE UNIT 1105 TAMPA, FL 33614 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/T OSTROFF, CHRISTINE 8202 DOWNFIELD LN. TAMPA, FL 33615 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V TORTORELLO JOHN V. 4822 BONITA VISTA DR. TAMPA, FL 33634 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: J Tortorello VP 4/28/04 813-886-6992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #