

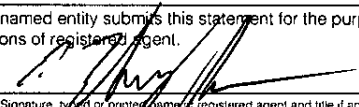



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90215 034 ***150.00

DOCUMENT # P03000091827 1. Entity Name CECP, INC.					
Principal Place of Business 46 NORTH WASHINGTON BLVD. #1 N SARASOTA, FL 34236			Mailing Address 46 NORTH WASHINGTON BLVD. #1 N SARASOTA, FL 34236		
2. Principal Place of Business 1858 RINGLING BLVD Suite, Apt. #, etc.		3. Mailing Address 1858 Ringling Blvd Suite, Apt. #, etc.		54039467 	
City & State SARASOTA, FL		City & State Sarasota, FL		4. FEI Number 20-0194621	
Zip 34236		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RANS, E. ZACHARY 46 NORTH WASHINGTON BLVD. #1 N SARASOTA, FL 34236				7. Name and Address of New Registered Agent LPS CORPORATE SERVICES, INC. 46 N. WASHINGTON BLVD.? SUITE 1 SARASOTA, FL 34236	
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:  E. ZACHARY RANS, its Vice President (NOTE: Registered Agent signature required when reinstating) DATE: 4/15/04					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D, P DIETRICH, KARL HEINZ 1858 RINGLING BLVD SARASOTA, FLORIDA 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D, V DEWOSKE, RONALD 1858 RINGLING BLVD. SARASOTA, FLORIDA 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D, T DIETRICH, OLAF 1858 RINGLING BLVD. SARASOTA, FLORIDA 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S GLENDINNING, RENE M. 1858 RINGLING BLVD. SARASOTA, FLORIDA 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D PORTZ, JOSEF 1858 RINGLING BLVD. SARASOTA, FLORIDA 34236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D WALTER STEINKAMP gen BUEKER 1858 RINGLING BLVD. SARASOTA, FLORIDA 34236	
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:  RENEA M. GLENDINNING, Secretary SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE: 4/8/04 (941) 365-4617 Date Daytime Phone #		