## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 04, 2004 8:00 am Secretary of State

Principal Place of Business 2400 FIRST STREET 106 FORT MYERS, FL 33901  2. Principal Place of Business 6074 MB SCUDO CINC Suite, Apt. #, etc. 3. Mailing Address 6074 MB SCUDO CINC Suite, Apt. #, etc. 3. Mailing Address 6074 MB SCUDO CINC Suite, Apt. #, etc. 3. Mailing Address 6074 MB SCUDO CINC Suite, Apt. #, etc. 3. Mailing Address 6074 MB SCUDO CINC Suite, Apt. #, etc. 3. Mailing Address 6074 MB SCUDO CINC Suite, Apt. #, etc. 3. Mailing Address 6074 MB SCUDO CINC Suite, Apt. #, etc. 3. Mailing Address 6074 MB SCUDO CINC Suite, Apt. #, etc. 3. Mailing Address 6074 MB SCUDO CINC Suite, Apt. #, etc. 3. Mailing Address 6074 MB SCUDO CINC Suite, Apt. #, etc. 3. Mailing Address 6074 MB SCUDO CINC Suite, Apt. #, etc. 3. Mailing Address 6074 MB SCUDO CINC Suite, Apt. #, etc. 3. Mailing Address 6074 MB SCUDO CINC Suite, Apt. #, etc. 3. Mailing Address 6074 MB SCUDO CINC Suite, Apt. #, etc. 3. Mailing Address 6074 MB SCUDO CINC Suite, Apt. #, etc. 3. Mailing Address 6074 MB SCUDO CINC Suite, Apt. #, etc. 3. Mailing Address 6074 MB SCUDO CINC Suite, Apt. #, etc. 3. Mailing Address 6074 MB SCUDO CINC Suite, Apt. #, etc. 3. Maplied For Not Applicable 6. Name and Address of Country 6. Certificate of Status Desired Suite Suite, Apt. #, Address of New Registered Agent 6. Name and Address of	1. Entity Name	MENT # P03000095 HNOLOGY, INC	5970		05-04-2004 90179 038 ***158.
106 FORT MYERS, FL 33901  106 FORT MYERS, FL 33901  2. Principal Placaci Business 6. O74 mm Scurol Circle Suite, Apt. #, etc. 3. Mailing Address Suite, Apt. #, etc. 3. 9 City & State Country  2. Principal Placaci Business Cord Mind Scurol Circle Suite, Apt. #, etc. 3. 9 Country City & State Country City & State Country  2. Principal Placaci Business Cord Mind Scurol Circle Suite, Apt. #, etc. 3. 9 Country City & State Country City & State Country S Certificate of Status Desired Size Address of New Registered Agent Name SMITH, CLIFFORD 6074 TIMBERWOOD CIRCLE 319 FORT MYERS, FL 33908  City FL 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 Signature, speed or printed name of registered agent and tible if applicable.  (NOTE: Registered Agent signature required when reinstating) OATE  9. Election Campaign Financing Added to Fees Added to Fees	Principal Place	e of Business	Mailing Address		<del>-</del> -
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Country  Cou	Suite, Apt. #, etc.		Suite, Apt. #, etc.		
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  SMITH, CLIFFORD 6074 TIMBERWOOD CIRCLE 319 FORT MYERS, FL 33908  City  FL  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  Signature. typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  OATE  9. Election Campaign Financing  \$5.00 May Be Trust Fund Contribution:  Added to Fees	City & State	"MYERS FL	City & State	CS, FC	4. FEI Number 20 930 9
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FORT MYERS, FL 33908  City  FL  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  Signature. Noted or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  OATE  9. Election Campaign Financing  Added to Fees  Added to Fees					
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10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Campa Trust Fund Cont	ribution: ~- 🗆	\$5.00 May Be Added to Fees
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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.	STREET ADDRESS CITY-ST-ZIP				
SIGNATURE: CUFICALS JMITH 4/27/04 334-6055  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Date  Date  Date  Displace Proce #	STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the cor	arporation of the receiver of trustee emp	owered to execute this report	or the exemption sta my signature shall as required by Ch	hapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1