2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000096643

Entity Name: GET COMMONNAMES, INC.

FILED Apr 23, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

455 ALTERNATE 19, #11 3749 CEDARWOOD DR. PALM HARBOR, FL 34683 HOLIDAY, FL 34691

Current Mailing Address: New Mailing Address:

455 ALTERNATE 19, #11 3749 CEDARWOOD DR. PALM HARBOR, FL 34683 HOLIDAY, FL 34691

FEI Number: 37-1475022 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:

WELLS, GREY
455 ALTERNATE 19, #11
PALM HARBOR, FL 34683 US
WELLS, GREY
3749 CEDARWOOD DR.
HOLIDAY, FL 34691 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: 04/23/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 WELLS, GREY
 Name:
 WELLS, GREY

 Address:
 455 ALTERNATE 19, #11
 Address:
 3749 CEDARWOOD D

 Address:
 455 ALTERNATE 19, #11
 Address:
 3749 CEDARWOOD DR.

 City-St-Zip:
 PALM HARBOR, FL 34683
 City-St-Zip:
 HOLIDAY, FL 34691

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: GREY WELLS PD 04/23/2004