## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business 912 N 21ST ST FT PIERCE, FL 34950  2. Principal Place of Business Sulfa, Apt. 4, etc.  Sulfa, Apt. 4, etc.  Sulfa, Apt. 4, etc.  Sulfa, Apt. 4, etc.  City & State  City &	FLED
Principal Place of Business  912 N 21515 T FT PIERCE, FL 34950  2. Principal Place of Business  3. Mailing Address  Suite, Apt. #, etc.	OCT -4 PH 2:31
Mailing Address  Pil 2 N 21ST ST  FT PIERCE, FL 34950  2. Principal Place of Business  Suite, Apt. #, etc.  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  O9192004  City & State  A. FEI Number  Zip  Country  Zip  Country  Zip  Country  Country  E. Country  Site Apt. #, etc.  O9192004  City & State  City & Country  City	OCT -L. PH 2.3.
Suite, Apt. #, etc.  City & State  City & St	TORE INTELLIGIONIDA
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.	ECKERARY OF STATE LLAHASSEE, FLORIDA
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.	
City & State  Country  S. Certificate of State  Street Address of Current Registered Agent  Name  CLARK, DONNIE  12	Chg-P CR2E034 (10/03)
Zip Country Zip Country 5. Certificate of Stell	Applied For
Section Comparison From Price Street Address of Current Registered Agent   Name   Name	18956// Not Applicable stus Desired \$8.75 Additional
Street Address (P.O. Box Number is No City  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the obligations of registered agent.  SIGNATURE  Signature, typeg or princed name of registered agent and title if applicable.  (NOTE Registered Agent sphalure required when reinstanting)  Due by September 8, 2004  9. Election Campaign Financing Trust Fund Contribution.  CARRED DUE SEPTEMBER ADDRESS CITY-ST-ZIP  TO Delete TITLE  NAME  SIRRET ADDRESS CITY-ST-ZIP  THE CONTROL Delete TITLE  NAME  SIRRET ADDRESS CITY-ST-ZIP  THE Delete TITLE  NAME  SIRRET ADDRESS CITY-ST-ZIP  THE NAME  SIRRET ADDRESS	Fee Required ress of New Registered Agent
Street Address (P.O. Box Number is No City  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the holologations of registered agent.  SIGNATURE  SIGN	
### City  #### City  ##### City  #### City  ##### City  ##### City  ##### City  ##### City  ###################################	lot Acceptable)
8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the obligations of registered agent.  SIGNATURE  SIGNATU	
The obligations of registered agent.  SIGNATURE  TO 14 10 10 10 14 10 10 10 10 10 10 10 10 10 10 10 10 10	FL Zip Code
TITLE CLARK, DONNIE  CLARK, DONNIE  912 N 21ST ST  FT PIERCE, FL 34950  Delete  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY-	accordance with s. 607.193(2)(b), F.S., the poration did not receive the prior notice.
CLARK, DONNIE STREET ADDRESS DITY-ST-ZIP FT PIERCE, FL 34950  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP T	NGES TO OFFICERS AND DIRECTORS IN 11
Delete	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRES	□ Change □ Addition □ □ ← 1 5 7 □ 3 ← ← 04 − 01035 − 015 **150.00
NAME STREET ADDRESS CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Floring indicated on this good or supplied effect as if	☐ Change ☐ Additio
NAME STREET ADDRESS CITY-ST-ZIP  TIZE  TIZE  NAME STREET ADDRESS CITY-ST-ZIP  TIZE  TIZE  TIZE  NAME STREET ADDRESS CITY-ST-ZIP  TIZE  TIZE  TIZE  TIZE  NAME STREET ADDRESS CITY-ST-ZIP  TIZE	☐ Change ☐ Addition
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if t	☐ Change ☐ Áddition
of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and changed, or on an attachment with an address, with all other like empowered.	f made under path: that I am an officer or director.
SIGNATURE: SIGNATURE AND TYPED OB PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #