2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000111542

1821 LEON ROAD

JACKSONVILLE, FL 32225

Address: City-St-Zip: FILED Apr 28, 2004 Secretary of State

Entity Nar	me: NO LIMI	T CYCLES, INC.							
Current Principal Place of Business:				New Principal Place of Business:					
5105 PHILLIPS HIGHWAY SUITE 3 JACKSONVILLE, FL 32207				4969 BEAC JACKSON		32207			
Current Mailing Address:				New Maili	New Mailing Address:				
5105 PHILLIPS HIGHWAY SUITE 3 JACKSONVILLE, FL 32207				4969 BEACH BLVD JACKSONVILLE, FL 32207					
FEI Number:	: 51-0485479	FEI Number Appli	ed For () FEI No	umber Not Appl	icable ()	Certificat	e of Status Des	ired()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:					
SUITE 3 JACKSON	MEADOWS R VILLE, FL 32	2217 US	nent for the purpose	of changing i	ts reaister	ed office or re	egistered ager	nt or both	
	e of Florida.	Submits this staten	nentior the purpose	or changing i	is register	ed office of re	gistered ager	it, or both,	
SIGNATUR	RE:								
	Electro	onic Signature of Re	gistered Agent			Ι	Date		
Election Car	mpaign Financii	ng Trust Fund Contrib	ution ().						
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	KLOTZ, DAVII	ARIN STATION DRIVE		Title: Name: Address: City-St-Zip:		() Change() Addition		
Title: Name: Address: City-St-Zip:	REED, FREDI	INGBY DRIVE		Title: Name: Address: City-St-Zip:		() Change() Addition		
Title: Name:	TREA (WHITE, JOSH) Delete IUA		Title: Name:	TREA WHITE, JO	(X) Change(DSHUA) Addition		

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.

Address:

City-St-Zip:

11037 KNOTTINGBY DRIVE

JACKSONVILLE, FL 32257

SIGNATURE: DAVID KLOTZ Ρ 04/28/2004