2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 17, 2004 8:00 am Secretary of State **DOCUMENT # P03000120543** 1. Entity Name 05-17-2004 90021 022 ***158.75 ENTOOMUFREET, INC. Principal Place of Business Mailing Address 5111 20TH STREET WEST 5111 20TH STREET WEST BRADENTON, FL 34207 BRADENTON, FL 34207 2. Principal Place of Business 4245 Bee Suite, Apt. #, etc Suite, Apt. #, etc. CR2E034 (10/03) 05122004 City & State City & State 4. FEI Number Applied For 20-03450 20126 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Casol Fee Required 7. Name and Address of New Registered Agent Name STODDARD, WENDY A Street Address (P.O. Box Number is Not Acceptable) 5111 20TH STREET WEST **BRADENTON, FL 34207** City 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 (NOTE: Registered Agent Signature required when reinstating) 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the FILE NOWITH FEE IS \$150.00 \$5.00 May Be Due by September 8, 2004 Trust Fund Contribution Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. MIF ☐ Delete me ☐ Change ☐ Addition STODDARD, WENDY NAME STREET ADDRESS 5111 20TH STREET WEST STREET ADDRESS CATY-ST-ZOP BRADENTON, FL 34207 CITY-ST-ZIP MLE VP Delete ☐ Change ☐ AddItion KOSTER, HERMAN NAME: MALE STREET ADDRESS 5111 20TH STREET WEST STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34207 CITY-ST-ZIP MILE ☐ Delete MIF □ Change ■ Addition MEYERS, DEBORAH NAME NAME STREET ADDRESS 3725 BALI DRIVE STREET ADDRESS SARASOTA, F; 34232 CITY-ST-7IP CITY-ST-74P Delete MLE ☐ Change TITLE ■ Addition GOLD, JESSE NAME 3725 BALLDRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34232 CITY-ST-ZIP Delete ☐ Change ☐ Addition NULF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THE MILE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-70P 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:

MC OFFICER OR DIRECTOR

FILED