2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE

Apr 29, 2004 8:00 am Secretary of State **DOCUMENT # P03000120935** 1. Entity Name 04-29-2004 90365 001 *2,850.00 INTERVEST CONDOS OF ORLANDO, INC. Principal Place of Business Mailing Address 2359 BEVILLE ROAD 2359 BEVILLE ROAD DAYTONA BEACH, FL 32119 DAYTONA BEACH, FL 32119 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 05-0590147 Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAGAN, JANDREW Street Address (P.O. Box Number is Not Acceptable) 2359 BEVILLE ROAD DAYTONA BEACH, FL 32119 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. Signature, typed or printed name of registered agent and title if applicable. (NCTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 D/President/Secretary/Treas. Change * Addition MILE Delete TITLE Hosseini-Kargar, Morteza NAME NAME STREET ADDRESS 2359 Beville Road STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP Daytona Beach, FL 32119 Assistant Secretary TITLE ☐ Delete TITLE ☐ Change X Addition Thornton-Hill, Teresa NAME STREET ADDRESS 2359 Beville Road STREET ADDRESS CITY-ST-ZP CITY-ST-7P Daytona Beach, FL 32119 TTLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIME Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TIRE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CHY-ST-ZP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CTIY-ST-7/P 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). 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. President 4/19/04

Morteza Hosseini-Kargar

(386) 788-0820

Destime Phone #

FILED