2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 17, 2004 8:00 am Secretary of State 04-27-2004 90050 046 ***150.00

| DOCUI 1. Entity Name COMPLE | e | # P03000130 | 0607 | | | | | 04-27-2004 | 90030 | 040 | 130.00 |
|--|--|---|---------------------------|---------------------|--------------|--------------------------|--|---|--------------|----------------------------|----------------------------|
| Principal Place of Business Mailing Address | | | | | | | 1 | | | | |
| 455 FAIRWAY Suite 104 | DRIVE | 455 FAIRWAY DRIVE Suite 104 | | | | 66422088 | | | | | |
| DEERFIELD B | BEACH, FL 3 | | DEERFIELD BEACH, FL 33441 | | | | | | | · | |
| Principal Place of Business 3, Malling Address | | | | | | | | | | | |
| z. minopare | IGCE OF DUSIN | 1699 | St Manig | 2. Mount B Undergo | | | | a tziae licit baim batili maion iii | LUS | | 1881 II 1881 |
| Suite, Apt. #, etc. | | | Suite, Ap | Suite, Apt. #, etc. | | | | • | CR2E03 | 4 (10/03) | |
| City & State | | | City & Si | City & State | | | 4. Fi Numb | 4. Fl Number 7112471 Applied Fo | | | plied For t Applicable |
| Žip | | Country | Zip | | Coun | itry | 5. Certificate | of Status Desired | □ \$ | 8.75 Add | itional |
| | 6. Name | and Address of Curren | i Registered A | gent | | · · · | 7. Name and | Address of New Reg | | | * ` |
| | | | | | | Name | | | | <u>-</u> ; | |
| PALEY, GREGG M 455 FAIRWAY DRIVE | | | | | | - Street Address | (P.O. Box Numb | er is Not Acceptable) | | | |
| SUITE 104 | | | | | | <u> </u> | | | | | |
| DEERFIEL | .D BEACH | l, FL 33441 | | | | | | | | , | · |
| | | Λ | | | , | City | | | FL | Zip Code | • . |
| | named entitions of regis | submits this statement | for the purpose | of changing its | register | ed office or regist | ered agent, or bo | oth, in the State of Florid | la. I am fa | miliar with, | and accept |
| ule obligat | JOINS OF PEGISI | 0 11 // | _ | • | | | | | 4/2 | luis | |
| SIGNATURE_ | Signaturo (VDepl | or priving name of recestoring ages | N and title if applicable | e (NOTE | Registere | nd Agent signature requi | led when reinstating) | · | DATE | 709 | |
| | | FEE IS \$150.00 4 Fee will be \$550 | | lection Campais | | | 5.00 May Be Ided to Fees | | " | | |
| 10. | | OFFICERS AN | O DIRECTORS | | 11. | | ADDITIONS | /CHANGES TO OFFICE | ERS AND | DIRECTOR | S IN 11 |
| TITLE NAME | PVST Delete | | | | | E IF | | | | Change | Addition |
| STREET ADORESS | 455 FAIRWAY DRIVE, SUITE 104 | | | | | EET ADORESS | | | | | |
| CHY-ST-ZIP | DEERFIE | LD BEACH, FL 3344 | 1. | | CITY | /-ST-ZIP | | | | | |
| TITLE | D | | | Delete | TITL | Į. | | | | Change | Addition |
| NAME STREET ADDRESS | PALEY, GREGG M 455 FAIRWAY DRIVE, SUITE 104 | | | | | AE EET ADORESS | | | | | |
| CITY-SI-ZIP | | LD BEACH, FL 3344 | | | | r-ST-ZIP | | · · · · · · · · · · · · · · · · · · · | | | |
| TITLE | | | | ☐ Defete | nn. | · I | | | 4 | Change | ☐ Addition |
| STREET ADDRESS | | | _ | | iiAM ette | ië Eet adoress | | • • • | • • | - | |
| CITY-SI-ZIP | İ | | | | | Y-ST-ZIP | | | | | |
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| NAME STREET ADDRESS | [. | | | | NAM | AE Eet address | | | | | |
| GITY-ST-ZIP | | | | | | r-ST-ZIP | | | | | |
| TITLE | | · | | ☐ Delete | TITL | | | | | Change | Addition |
| NAME #1000 ADDOCAGE | | - | | | HAN | ME LEET ADDRESS | | | | | İ |
| STREET ADDRESS CITY-ST-ZIP | | | | | | Y-ST-ZIP | | | | | |
| TITLE | | | | ☐ Delete | Πī | .E | | | | Change | Addition |
| NAME | 1 | | | | NA | | | , | | | 1 |
| STREET ADDRESS | | | | | | EET ADDRESS Y-ST-ZIP | | | | | |
| 1 | Certify that th | e information suchiled w | ith this filling do- | es not qualify for | | | Section 119.07/3 |)(i), Florida Statutes I fi | irther certi | fy that the in | ntormation |
| indicated | on this repo | ne information supplied work or suppliemental jepon the receiver of trustee em lachment with an address | is true and acc | curate and that n | ny signa | ature shall have the | ie same legal effe 107, Florida Statu | ect as if made under oal tes; and that my name a | h; that I a | m an officer Block 10 o | or director Block 11 if |
| changed | or on an at | lachment with an address | s with all other I | ike emcewered. | | | , | , 1 | | | |
| SIGNAT | IURF. | しれ' | 111 | 1/ | | | • | 4/22/ | M | |) |
| 1 2.3.17 | · • · · · · · | SIGNATURE AND TYPED O | R PRINTED NAME O | SIGNING OFFICER | OR DIREC | TOR | | Did | , Di | ytime Phone # | } |