2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000133477

Entity Name: INTERNATIONAL MEMORIAL, INC.

FILED Jun 16, 2004 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

PO BOX 421424 KISSIMMEE, FL 34742

Current Mailing Address: New Mailing Address:

PO BOX 421424 KISSIMMEE, FL 34742

FEI Number: 20-0399484 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CUEVAS, ORLANDO 2101 CASCADES BLVD SUITE 201 KISSIMMEE, FL 34741 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST () Delete Title: PT (X) Change () Addition

 Name:
 CUEVAS, ORLANDO
 Name:
 CUEVAS, ORLANDO

 Address:
 PO BOX 421424
 Address:
 PO BOX 421424

 City-St-Zip:
 KISSIMMEE, FL 34742
 City-St-Zip:
 KISSIMMEE, FL 34742

Title: D () Delete Title: VPS (X) Change () Addition

 Name:
 CUEVAS, ORLÁNDO
 Name:
 FLORES, VIRGEN

 Address:
 PO BOX 421424
 Address:
 PO BOX 421424

 City-St-Zip:
 KISSIMMEE, FL 34742
 City-St-Zip:
 KISSIMMEE, FL 34742

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.

SIGNATURE: ORLANDO CUEVAS P 06/16/2004