SIGNATURE

FILED 2005 FOR PROFIT CORPORATION May 02, 2005 08:00 AM Secretary of State ANNUAL REPORT DOCUMENT # P03000134820 THE PAISLEY GROUP INC Mailing Address Principal Place of Business PO BOX 23252 PO BOX 23252 FT LAUDERDALE, FL 33307 FT LAUDERDALE, FL 33307 CR2E034 (10/03) 03152005 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0413128 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DICRESCENZO, ANGELA 3170 N FEDERAL HIGHWAY 103-C IN THIS SPACE LIGHTHOUSE POINT, FL 33064 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution, Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE GUTHRIE, JOHN NAME PO BOX 23252 STREET ADDRESS U000000357484 CITY-ST-ZIP FT LAUDERDALE, FL 33307 NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS 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 of fustee 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 attrachment with an address, with all other like empowered.

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR