2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000138001

Entity Name: INNOVATIVE CUSTOM BUILDERS INC

FILED Apr 28, 2004 Secretary of State

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

10671 JACAMAR DR 9349 DENTON AVE. UNIT 1 NEW PORT RICHEY, FL 34654 US HUDSON, FL 34667 US

Current Mailing Address: New Mailing Address:

 10671 JACAMAR DR
 9349 DENTON AVE.
 UNIT 1

 NEW PORT RICHEY, FL 34654
 US
 HUDSON, FL 34667
 US

FEI Number: 20-0422279 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:

GALLAHAN, MARCI K
10671 JACAMAR DR
NEW PORT RICHEY, FL 34654 US
GALLAHAN, MARCI K
9349 DENTON AVE. UNIT 1
HUDSON, FL 34667 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: 04/28/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition GALLAHAN, MARCI K GALLAHAN, MARCI K Name: Name: 10671 JACAMAR DR 9349 DENTON AVE. UNIT 1 Address: Address: City-St-Zip: NEW PORT RICHEY, FL 34654 US City-St-Zip: HUDSON, FL 34667 US

Title: VP () Delete Title: VP (X) Change () Addition Name: GALLAHAN, ROBERT Name: GALLAHAN, ROBERT

Name: GALLAHAN, ROBERT
Address: 10671 JACAMAR DR
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Name: GALLAHAN, ROBERT
Address: 9349 DENTON AVE. UNIT 1
City-St-Zip: HUDSON, FL 34667 US

Title: VP () Delete Title: () Change () Addition

 Name:
 FONTES, RALPH
 Name:

 Address:
 8601 ORIOLE LN
 Address:

 City-St-Zip:
 LARGO, FL 33777 US
 City-St-Zip:

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: MARCI K. GALLAHAN P 04/28/2004