


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90225 036 \*\*\*150.00

<b>DOCUMENT # P03000150799</b>	
1. Entity Name <b>NATIVE CUSTOMS, INC.</b>	

Principal Place of Business <b>PO BOX 335 PALM CITY, FL 34991 US</b>	Mailing Address <b>PO BOX 335 PALM CITY, FL 34991 US</b>
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**14010506**



2. Principal Place of Business <b>6000 SW MARKEL ST.</b>	3. Mailing Address Suite, Apt. #, etc.
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03232004 Chg-P CR2E034 (10/03)

City & State <b>Palm City FL</b>	City & State
Zip <b>34990</b>	Country <b>USA</b>

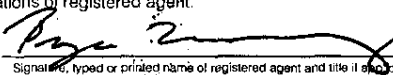
4. FEI Number <b>20-0474248</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>LOWERY, BRYAN 1922 SE PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL 34952</b>	
<b>wrong Address</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) <b>6000 SW MARKEL ST.</b>	
City <b>Palm City</b>	Zip Code <b>FL 34990</b>

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 	DATE <b>4/12/04</b>
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LOWERY, BRYAN PO BOX 335 PALM CITY, FL 34991</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP LOWERY, SONIA PO BOX 335 PALM CITY, FL 34991</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: 	<b>BRYAN LOWERY</b>	DATE <b>4/12/04</b>	DAYTIME PHONE # <b>772-283-5006</b>
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