## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 05, 2004 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458  CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOCUI 1. Entity Name SHAY-DE		3713**				05-05-2004	4 90255 00	)3 ***15	0.00
Suite, April #, etc.    Suite, April #, etc.	1030 MILITAI	RY TRAIL, # 92	1030 MILITARY TRA		<del></del>					
City & State  A PEI Nurry City  S. Certificate of Stroug Desired  S. S. 75 Assignment  Fee Required  7. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Sheet Address (P.O. Box Number is Not Acceptable)  Dirty  FL Zip Code  8. The above named onthy submiss this statement for the purpose of changing its registered agent, or both, in the State of Footal. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature  FILE NOWIII FEE IS \$150.00  After May 1, 2004 Fee yeth be \$550.00  To all Fund Contribution.   Added to Fees  FILE NOWIII FEE IS \$150.00  After May 1, 2004 Fee yeth be \$550.00  To all Fund Contribution.   Added to Fees  BENOTT, KENNETH M  SIRRET MORESS  SIGNATURE  Defet  BENOTT Registered agent.  OPTICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE MAKE  Defet  SIGNATURE  Defet  ITIE  MAKE  Defet  SIGNATURES  CITY 51-79  Defet  TITLE  TITLE  Defet  TITLE  Defet  TITLE  Defet  TITLE  Defet  TITLE  TITLE  Defet  TITL	2. Principal Pl	lace of Business	3. Mailing Address							
Zip   Country   Zip   Country   S. Certificate of Strout Desired   St. 75, Application   S. St. 75, Application   S. Certificate of Strout Desired   St. 75, Application   S. Certificate of Strout Desired   St. 75, Application   So. Certificate of Strout Desired   St. 75, Application   So. Certificate of Strout Desired   St. 75, Application   St. 75	Suite, Apt. #, etc. Suite, Apt. #, etc.					04292004	Chg-P	CR2E034	4 (10/03)	
Secreticate of Status Desired   S. Certificate of Status Desired   S. S. 75 Additional   Sec Required   Secreticate of Status Desired   Secreticate of Status Desired Agent   Secr	City & State	9	City & State	City & State			5-08m	2701	<del></del>	
S. Name and Address of Current Registered Agent  Name  BENOIT, KENNETH M  1030 MILITARY TRAIL, # 92  UPTER, FL 33456  City FL Zip Code  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 Forida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  Signature, types or printed care of registered agent and the 4 dept tests.  PURPLE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee yight be \$550.00  Trust Fund Contribution.  9. Election Compages Financing S.5.00 May Be Added to Fees  FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee yight be \$550.00  Trust Fund Contribution.  D OFFICERS AND DIRECTORS III.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  MARK BERNOTT, KENNETH M SURF STATE S	Zip	Country	Zip	Cour	ntry	5. Certificate	of Status Desired		8.75 Add	litional
SENOIT, KENNETH M  1030 MILITARY TRAIL, # 92 IUPITER, FL 33458  City  City  FL Zip Code  1. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, typical or prince name or registered agent and the 4 september.   INCIL Registered Agent superdure recisions or an extension of registered agent. Or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Fiorida. I am familiar with, and accept the properties.    City St. 20		6. Name and Address of Curre	nt Registered Agent		News	7. Name and	Address of New F			•
City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of France. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or prince ream of regiment agent and the # spotiation.  (ACTE. Regiment Agent signature receives the entire things agent and the # spotiation.  (ACTE. Regiment Agent signature receives the entire things agent and the # spotiation.  (ACTE. Regiment Agent signature receives the entire things agent and the # spotiation.  (ACTE. Regiment Agent signature receives the entire things agent and the # spotiation.  (ACTE. Regiment Agent signature receives the entire things agent	BENOIT, K	ENNETH M								
B. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.    In the door of the purpose of changing its registered diffice or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent.    In the door of the purpose of printed runner of registered agent.					Street Address	(P.O. Box Numbe	er is Not Acceptabl	e) 		
B. 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		:			City				Zip Code	e
SIGNATURE    Synature, typed or printed rapert and lete if expolled by the SSSO.00	8. The above	named entity submits this statement	t for the purpose of changing	its register	red office or registe	red agent, or bot	h, in the State of Fi		miliar with,	and accept
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ITILE D DENOIT, KENNETH M BENOIT, KENNETH M NAME NAME STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CHARGE CITY-ST-ZIP CHARGE STREET ADDRESS CITY-ST-ZIP CHARG	FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550			·				<u> </u>	:
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