2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000091068

Entity Name: REYNOLDS CONCEPTS INCORPORATED

FILED Jan 10, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

17730 NW 14TH PLACE P.O. BOX 694741 MIAMI, FL 33169 P.O. BOX 694741

Current Mailing Address: New Mailing Address:

17730 NW 14TH PLACE P.O. BOX 694741 MIAMI, FL 33169 P.O. BOX 694741

FEI Number: 20-1240371 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

REYNOLDS, MALTIMORE M
17730 NW 14TH PLACE
MIAMI, FL 33169 US

REYNOLDS, MALTIMORE M
P.O. BOX 694741
MIAMI, FL 33269 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: MALTIMORE REYNOLDS 01/10/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete

 Name:
 REYNOLDS, MALTIMORE M

 Address:
 17730 NW 14TH PLACE

 City-St-Zip:
 MIAMI, FL 33169 US

 Title:
 VP
 () Delete

 Name:
 REYNOLDS, MALTIMORE M

 Address:
 17730 NW 14TH PLACE

 City-St-Zip:
 MIAMI, FL 33169 US

 Title:
 SEC
 () Delete

 Name:
 REYNOLDS, MALTIMORE M

 Address:
 17730 NW 14TH PLACE

 City-St-Zip:
 MIAMI, FL 33169 US

 Title:
 T
 () Delete

 Name:
 REYNOLDS, MALTIMORE M

 Address:
 17730 NW 14TH PLACE

 City-St-Zip:
 MIAMI, FL 33169 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 $\begin{array}{lll} \mbox{Title:} & \mbox{P} & \mbox{(X) Change () Addition} \\ \mbox{Name:} & \mbox{REYNOLDS, MALTIMORE M} \end{array}$

Address: P.O. BOX 694741 City-St-Zip: MIAMI, FL 33269 US

Title: VP (X) Change () Addition
Name: REYNOLDS, MALTIMORE M
Address: P.O. BOX 694741
City-St-Zip: MIAMI, FL 33269 US

Title: SEC (X) Change () Addition Name: REYNOLDS, MALTIMORE M

Address: P.O. BOX 694741 City-St-Zip: MIAMI, FL 33269 US

Title: T (X) Change () Addition
Name: REYNOLDS, MALTIMORE M
Address: P.O. BOX 694741

MIAMI, FL 33269 US

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.

City-St-Zip:

SIGNATURE: MALTIMORE REYNOLDS P 01/10/2005