


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P13013 1. Entity Name THE CIRCUS GROUP CORPORATION	
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Principal Place of Business 1900 BOOTHE CIRCLE, STE 104 LONGWOOD, FL 32750	Mailing Address 1900 BOOTHE CIRCLE, STE 104 LONGWOOD, FL 32750
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01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2759636	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LEVINE, WILLIAM 1900 BOOTHE CIRCLE, STE 104 LONGWOOD, FL 32750

DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALVAREZ, CARLOS 14800 SAN PEDRO, S-310 SAN ANTONIO, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOLZ, JAMES J 14800 SAN PEDRO STE 310 SAN ANTONIO, TX 78232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEVINE, WILLIAM 14800 SAN PEDRO, STE 310 SAN ANTONIO, TX 78232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CUNNINGHAM, RUSSELL 14800 SAN PEDRO, STE 310 SAN ANTONIO, TX 78232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000012970 01/26/04-80032-020 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1/19/04 <small>Date</small>	210 490-9128 <small>Daytime Phone #</small>
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