

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2004 8:00 am
Secretary of State

06-25-2004 90002 025 ***150.00

DOCUMENT # P29283

1. Entity Name
COLUMBUS - AMERICA DISCOVERY GROUP, INC.



Principal Place of Business Mailing Address
433 WEST SIXTH AVENUE **433 WEST SIXTH AVENUE**
COLUMBUS, OH 43201 **COLUMBUS, OH 43201**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

66431079



06092004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
31-1221030 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CT-CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reorganizing)

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	THOMPSON, THOMAS G.	
STREET ADDRESS	5101 N A1A	
CITY-ST-ZIP	FT PIERCE, FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	EVANS, ROBERT D.	
STREET ADDRESS	500 E. MAYNARD	
CITY-ST-ZIP	COLUMBUS, OH	
TITLE	S	<input type="checkbox"/> Delete
NAME	LOVELAND, CURTIS A., ESQ	
STREET ADDRESS	41 SOUTH HIGH STREET	
CITY-ST-ZIP	COLUMBUS, OH	
TITLE	T	<input type="checkbox"/> Delete
NAME	BURLEY, DEBRA L	
STREET ADDRESS	644 THISTLE AVE.	
CITY-ST-ZIP	GAHANNA, OH	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROBOL, RICHARD T	
STREET ADDRESS	433 W. 6TH AVE.	
CITY-ST-ZIP	COLUMBUS, OH	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: T.G. Thompson Date: 6/15/04 Daytime Phone #: 614-299-6008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T.G. Thompson