


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P92000005329</b> 1. Entity Name MRI ARCHITECTURAL GROUP, INC.	
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Principal Place of Business 320 E. SOUTH STREET SUITE 150 ORLANDO, FL 32801 US	Mailing Address 320 E. SOUTH STREET SUITE 150 ORLANDO, FL 32801 US
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01282004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3151534	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  IKEGAMI, PETER M 320 E. SOUTH STREET SUITE 150 ORLANDO, FL 32801
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

1100000116361

04/16/04-80061-016 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T RIBAR, JOHN L. 3000 N ATLANTIC AVE STE 205 COCOA BEACH, FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IKEGAMI, PETE M 320 E. SOUTH ST., SUT. 150 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS CELONES, BIENVENIDO N. 320 E. SOUTH ST., SUT. 150 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: Bienvenido N. Celones  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/04  
Date

407 245 3660  
Daytime Phone #

Bienvenido N. Celones, Vice President