6- 15

2004 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Secretary of State DOCUMENT # P93000039167 03-15-2004 90007 045 ***150.00 1. Entity Name CEC INTERNATIONAL, INC. Principal Place of Business Mailing Address 54018107 P.O. BOX 1010 P.O. BOX 1010 EASTPOINT, FL 32328 EASTPOINT, FL 32328 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 03032004 Cha-P CR2E034 (10/03) City & State 4. FEI Number Applied For City & State 59-3186789 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CIANCIOLO, CHERYL Street Address (P.O. Box Number is Not Acceptable) 120 15TH ST. APALACHICOLA, FL 32320 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 Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. ☐ Delete TITLE Change Addition TITLE STAPLETON, VINCENT NAME NAME STREET ADDRESS PO BOX 4050 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STATELINE, NV 89449 Delete TITLE ■ Addition TITLE NAME ERICKSON, DORIS NAME STREET ADDRESS 9615 SKYLARK BOULEVARD STREET ADDRESS CITY - ST - ZIP GARDEN GROVE, CA 92841 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delcte NAME DONAHOE, SHAUN..... NAME 17 1/2 AVENUE E., P.O. BOX 666 STREET ADDRESS STREET ADDRESS APALACHICOLA, FL 32329 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE CIANCIOLO, CHERYL NAME NAME 120 15TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP. APALACHICOLA, FL 32320 ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME LANE, LARRY NAME STREET ADDRESS P.O. BOX 777 N/Á STREET ADDRESS CITY-ST-ZIP EASTPOINT FL-32328 CITY-ST-ZIP Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby 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

FILED

Mar 15, 2004 8:00 am