

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 17, 2004 8:00 am
Secretary of State

09-17-2004 90004 034 ***150.00

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| DOCUMENT # P94000011585 |  |
| 1. Entity Name TROLLEY SYSTEMS OF AMERICA, INC. | |

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| Principal Place of Business 6840 JARVIS ROAD SARASOTA, FL 34241 US | Mailing Address 6840 JARVIS ROAD SARASOTA, FL 34241 US |
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24085517



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| 2. Principal Place of Business 4856 HARRIS AVE Suite, Apt. #, etc. | 3. Mailing Address 4856 HARRIS AVE Suite, Apt. #, etc. |
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09082004 Chg-P CR2E034 (10/03)

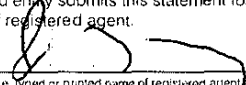
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|-----------------------------|-----------------------------|
| City & State SARASOTA FL | City & State SARASOTA FL |
| Zip 34233 Country US | Zip 34233 Country US |

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|---------------------------------|-------------------------------|
| 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent VOIGHT, STEPHEN F 2042 BEE RIDGE ROAD SARASOTA, FL 34239 | |
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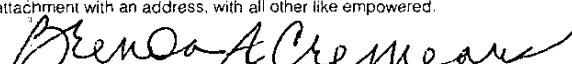
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL Zip Code |

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|---|----------------------------------|
| 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  | STEPHEN F. VOIGHT, P.A. 09/15/04 |

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| FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PV CREMEANS, BRENDA A 6840 JARVIS ROAD SARASOTA, FL 34241 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVTS CREMEANS, BRENDA A 6840 JARVIS ROAD SARASOTA, FL 34241 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 4856 HARRIS AVE SARASOTA FL 34233 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 4856 HARRIS AVE SARASOTA FL 34233 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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| 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:  | BRENDA A. CREMEANS 09/15/04 3463115 (941) |