

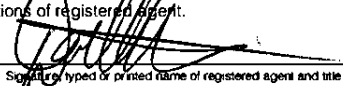
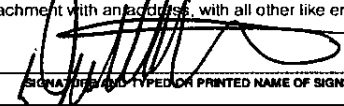


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am —
Secretary of State

03-10-2004 90026 036 ***150.00

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| DOCUMENT # P94000022896 1. Entity Name ED & D INC. | | | |  | |
| Principal Place of Business 36 GRAHAM AVE SUITE 112 <i>incorrect</i> OVIEDO, FL 32765 US | | | Mailing Address 36 GRAHAM AVE SUITE 112 <i>incorrect</i> OVIEDO, FL 32765 US | | |
| 2. Principal Place of Business 36 Graham Ave. Suite, Apt. #, etc. | | 3. Mailing Address 36 Graham Ave. Suite, Apt. #, etc. | |  | |
| City & State Oviedo, FL. | | City & State Oviedo, FL. | | 4. FEI Number 59-2499741 | |
| Zip 32765 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BATEMAN, DAVID E 36 GRAHAM AVE OVIEDO, FL 32765 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div> | |
| 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  David E. Bateman 3/6/04 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE | | | | | |
| 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 | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP <input type="checkbox"/> Delete BATEMAN, DAVID E 36 GRAHAM AVE OVIEDO, FL | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | 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:  David E. Bateman 3/6/04 407/359-8171 <small>Signature typed or printed name of signing officer or director</small> Date Daytime Phone # | | | | | |