2004 FOR PROFIT CORPORATION

ANNUAL REPORT **FILED** Mar 12, 2004 08:00 AM Secretary of State DOCUMENT # P94000044009 1. Entity Name ABBÉY ART & FRAME, INC. Mailing Address Principal Place of Business 4211 W WATERS AVE **4211 W WATERS AVE** SUITE D SUITE D TAMPA, FL 33614 TAMPA, FL 33614 US No Chg-P CR2E034 (10/03) 03052004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3250166 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ABBEY, JAYE R DO NOT WRITE 9204 BRINDLEWOOD DR ODESSA, FL 33556 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. (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE **\$5.00** May Be Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PSTD TITLE ABBEY, JAYE R NAME STREET ADDRESS 9204 BRINDLEWOOD DR U00000086638 03/12/04-80031-013 150.00 CITY-ST-ZIP ODESSA, FL 33556 BILE NAME STREET ADDRESS City-St-ZiP TITLE STREET ADDRESS DO NOT WRITE CITY - ST- ZIP IN THIS SPACE TITLE STREET ADDRESS City - ST - ZIP TITLE NAME STREET ADDRESS CATY-ST-ZIP รสLE

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

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

VING OFFICER OR DIRECTOR

813-886-7772