2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 16, 2004 8:00 am DOCUMENT # P95000002775 **Secretary of State** 1. Entity Name 03-16-2004 90027 014 ***150.00 MORE THAN WORDS, INC. Principal Place of Business Mailing Address 15036 TAMARIND CAY COURT 15036 TAMARIND CAY COURT 14000137 FT. MYERS FL 33908 FT. MYERS FL 33908 2. Principal Place of Bysiness 3. Mailing Address 3326 3326 Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0547833 he Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired US 32162 162 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGAL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVE. CORAL GABLES FL 33134 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition Shaner Maria K 3326 Atwellare SHANER, MARIA K NAME STREET ADDRESS 15036 TAMARIND CAY CT. # 405 STREET ADDRESS CITY-ST-7IP FT. MYERS FL 33908 CITY-ST-ZIP he Villages TITLE **VPS** Delete TITLE Change ☐ Addition SHANER, ARTHUR H JR. NAME NAME 15036 TAMARIND CAY CT. # 405 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. MYERS FL 33908 CITY-ST-ZIP TITLE ☐ Change Addition. ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS Ctty-St-7IP CITY-ST-ZIP 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.

FILED