

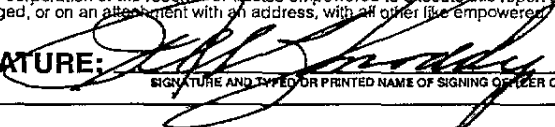


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000010953		
1. Entity Name SNODDY MANAGEMENT, INC.		
Principal Place of Business 21301 POWERLINE ROAD SUITE 204 BOCA RATON, FL 33433		Mailing Address 21301 POWERLINE ROAD SUITE 204 BOCA RATON, FL 33433
DO NOT WRITE IN THIS SPACE		
		
01052004 No Chg-P CR2E034 (10/03)		
4. FEI Number 65-0573362		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MCCURRY, WILLIAM P 21301 POWERLINE RD. SUITE 204 BOCA RATON, FL 33433		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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
		U00000095775 03/25/04-80001-025 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SNODDY, WILLIAM R SR 21301 POWERLINE RD., STE. 204 BOCA RATON, FL	
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DO NOT WRITE IN THIS SPACE		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowerments.		
SIGNATURE: 		William R. Snoddy-3/22/04-561 482 8400
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>