

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000011979

FILED
Apr 21, 2004
Secretary of State

Entity Name: PROFIT PARTNERS INTERNATIONAL, INC.

Current Principal Place of Business:

11057 ELLIS RD. N.
16
JACKSONVILLE, FL 32254

New Principal Place of Business:

1057 ELLIS RD. N.
16
JACKSONVILLE, FL 32254

Current Mailing Address:

11057 ELLIS RD. N.
16
JACKSONVILLE, FL 32254

New Mailing Address:

1057 ELLIS RD. N.
16
JACKSONVILLE, FL 32254

FEI Number: 59-3295285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHIELDS, KEVIN
618 HIBERNIA OAKS DR
GREEN COVE SPRINGS, FL 32043 US

Name and Address of New Registered Agent:

SHIELDS, KEVIN
4402 JADE DR. W.
JACKSONVILLE, FL 32210 US

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.

SIGNATURE: KEVIN SHIELDS

04/21/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: YOUNG, BROCK
Address: 2318 SILVER OAK CT
City-St-Zip: ORANGE PARK, FL 32003

Title: TCFO () Delete
Name: TYSON, THOMAS V
Address: 1704 BROAD WATER COURT
City-St-Zip: ORANGE PARK, FL 32003

Title: SCOO () Delete
Name: SHIELDS, KEVIN E
Address: 618 HIBERNIA OAKS DR
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VCTO () Delete
Name: FITZMARTIN, THOMAS J
Address: 1110 RUSH CT
City-St-Zip: CELEBRATION, FL 34747

Title: D (X) Delete
Name: HAMLETT, ROBERT
Address: 1331 LE PARC TR.
City-St-Zip: CHARLOTTESVILLE, VA 22901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SCOO (X) Change () Addition
Name: SHIELDS, KEVIN E
Address: 618 JADE DR. W.
City-St-Zip: JACKSONVILLE, FL 32210

Title: VCMO (X) Change () Addition
Name: FITZMARTIN, THOMAS J
Address: 1110 RUSH CT
City-St-Zip: CELEBRATION, FL 34747

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS V. TYSON

TCFO

04/21/2004

Electronic Signature of Signing Officer or Director

Date