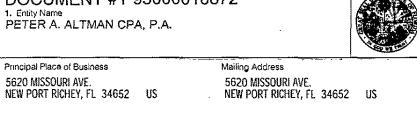
, 2004 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P95000016872 1. Entity Name

FILED May 03, 2004 08:00 AM Secretary of State



04302004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3303083 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ALTMAN, PETER A DO NOT WRITE 5620 MISSOURI AVE. NEW PORT RICHEY, FL 34652 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstagged DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS PVD TITLE MAME ALTMAN, PETER A 6115 LAFAYETTE ST STREET ADDRESS U00000149852 05/03/04-80201-017 150.00 CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE STREET ADDRESS C:TY-ST-7/2 TATLE NAME STREET ADDRESS DO NOT WRITE CHY-SI-ZIP IN THIS SPACE HILE NAME STREET ADDRESS CITY-ST-ZIP IIILE STREET ADDRESS CITY-ST-ZIP DILE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 of 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 a agrees, with all other fixed empowered.

SIGNATURE