


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JUN -1 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | |
|---|---|---|
| DOCUMENT # P95000024416 | |  |
| 1. Entity Name T-ACCOUNTS, INC. | | |
| Principal Place of Business 1488 QUAIL LAKE DRIVE VENICE, FL 34293 US | Mailing Address P O BOX 410 VENICE, FL 34284 US | |



03062003 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|---|--------------------------------|
| 4. FEI Number 59-3305207 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

MCCARRON, PHILIP G
1488 QUAIL LAKE DRIVE
VENICE, FL 34293

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:  (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

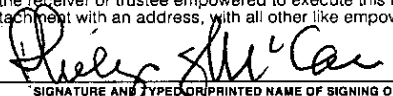
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MCCARRON, PHILIP G 1488 QUAIL LAKE DRIVE VENICE, FL |
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06/03/04--01018--013 **150.00

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.

SIGNATURE:  PHILIP G MCCARRON 5/11/04 / 941 497 7313

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #