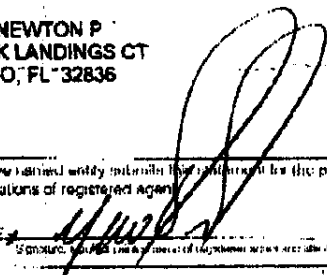
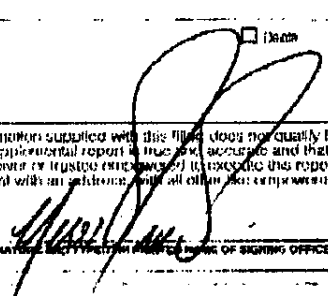


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 20, 2004 8:00 am**  
**Secretary of State**

08-20-2004 90003 009 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                               |                                                                                        |                                                                                                                                                                                                                 |                                                                                   |         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|---------|
| <b>DOCUMENT # P95000033263</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                               |                                                                                        |                                                                                                                                                                                                                 |  |         |
| 1. Entity Name<br><b>OVERSEAS BUSINESS CORP.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               |                                                                                        |                                                                                                                                                                                                                 |                                                                                   |         |
| Principal Place of Business<br><b>1124 SUMMER LAKES DR.<br/>ORLANDO, FL 32835 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                               |                                                                                        | Mailing Address<br><b>1124 SUMMER LAKES DR.<br/>ORLANDO, FL 32835 US</b>                                                                                                                                        |                                                                                   |         |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                               |                                                                                        | 3. Mailing Address                                                                                                                                                                                              |                                                                                   |         |
| Suite, Apt. # etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |                                                                                        | Room, Apt. #, etc.                                                                                                                                                                                              |                                                                                   |         |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                               |                                                                                        | City & State                                                                                                                                                                                                    |                                                                                   |         |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                               | Country                                                                                | Zip                                                                                                                                                                                                             |                                                                                   | Country |
| 4. FEI Number<br><b>69-3314097</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |                                                                                        | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                          |                                                                                   |         |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                               |                                                                                        | <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                           |                                                                                   |         |
| 6. Name and Address of Current Registered Agent<br><b>BASTO, NEWTON P<br/>8830 OAK LANDINGS CT<br/>ORLANDO, FL 32836</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                               |                                                                                        | 7. Name and Address of New Registered Agent<br>Name <b>BASTO, NEWTON P</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1124 SUMMER LAKES DR</b><br>City <b>ORLANDO</b> FL Zip Code <b>32835</b> |                                                                                   |         |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, in both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                               |                                                                                        |                                                                                                                                                                                                                 |                                                                                   |         |
| SIGNATURE:  <b>BASTO, NEWTON P</b> DATE: <b>08/17/2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                               |                                                                                        |                                                                                                                                                                                                                 |                                                                                   |         |
| FILE NOW!!! FEE IS \$150.00<br>Due by September 8, 2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                               | 9. Election Corporation Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                                                                 | \$5.00 May Be<br>Added to Fees                                                    |         |
| In accordance with s. 607.103(2)(b), F.S., the corporation did not receive the prior notice.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                               |                                                                                        |                                                                                                                                                                                                                 |                                                                                   |         |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                               |                                                                                        | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                           |                                                                                   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>PD<br/>BASTO, NEWTON P<br/>1124 SUMMER LAKES DR.<br/>ORLANDO, FL 32835</b> <input type="checkbox"/> Delete |                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                                               |                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                                               |                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                                               |                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                                               |                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete                                                                               |                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |         |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included on this report or supplemental report is true, exact, 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; that the receiver or trustee empaneled to examine 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 addendum, with all other officers and directors. |                                                                                                               |                                                                                        |                                                                                                                                                                                                                 |                                                                                   |         |
| SIGNATURE:  <b>BASTO, NEWTON P</b> DATE: <b>08/17/04 (07) 445.4239</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                               |                                                                                        |                                                                                                                                                                                                                 |                                                                                   |         |