2004 FOR PROFIT CORPORATION

Apr 29, 2004 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P95000036073** 1. Entity Name A & J MARKETING SOUTHEAST INC. Principal Place of Business Mailing Address 424 PINEVIEW ST. P.O. BOX 150533 ALTAMONTE SPRINGS, FL 32701 ALTAMONTE SPRINGS, FL 32715 04272004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3331556 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent SHARP, JOEL R DO NOT WRITE 551 MAJESTIC WAY ALTAMONTE SPRINGS, FL 32714 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: typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when remistating) 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 1ffèE NAME FERRARO, ANNE-MARIE 424 PINEVIEW ST. STREET ADDRESS ALTAMONTE SPRINGS, FL 32701 CITY - ST - ZIP u hanii sinii Arii uusenadisenii suliin. O TITLE NAME STREET ADDRESS CITY - ST - 7IP mu NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 1 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 charged, or on an attachment with an address, with all other like impowered Anne-May C. Anne-Marie

Ferraro

SIGNATURE:

TATLE NAME STREET ADDRESS CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED