~ ~2004 FOR PROFIT CORPORATION ANNUAL REPORT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Apr 28, 2004 08:00 AM Secretary of State DOCUMENT # P95000059968 HART INTERNATIONAL GROUP, INC. Principal Place of Business Mailing Address 9770 SOUTH MILITARY TRAIL, SUITE B7-215 9770 SOUTH MILITARY TRAIL, SUITE B7-215 **BOYNTON BEACH, FL 33436** BOYNTON BEACH, FL 33436 04152004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0601224 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD DO NOT WRITE 343 ALMERIA AVENUE CORAL GABLES, FL 33134 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 reinstating) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PTD mue HART, WAYNE NAME 9770 SOUTH MILITARY TRAIL, SUITE B7-215 STREET ADDRESS CITY-ST-ZIP BOYNTON BEACH, FL 33436 U00000134905 VŞD TITI F 04/28/04-80038-014 150.00 HART, JM STREET ADDRESS 9770 SOUTH MILITARY TRAIL, SUITE B7-215 CITY-ST-ZIP BOYNTON BEACH, FL 33436 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED

12. I hereby certify that the information supplied with this filling doce not qualify for the swamption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or experimental 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 aggress, with all other like empowered.

SIGNATURE: SIGNATURE AND AFFED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Page Phone # DaySirre Phone #