


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90077 008 \*\*\*150.00

<b>DOCUMENT # P95000060130</b>	
1. Entity Name <b>OSPREY INVESTMENT CAPITAL MANAGEMENT CORPORATION</b>	

Principal Place of Business <b>101 SEABREEZE BLVD. MGT. OFFICE DAYTONA BCH., FL 32118 US</b>	Mailing Address <b>111 PRESIDENTIAL BLVD. SUITE 230 BALA CYNWYD, PA 19004 US</b>
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**94028893**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01132004 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3341156</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>TRISTER, STANTON L 101 SEABREEZE BLVD. MGT. OFFICE DAYTONA BEACH, FL 32118</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____	DATE _____
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DCEO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRISTER, STANTON L		NAME		
STREET ADDRESS	101 SEABREEZE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BCH., FL 32118		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRISTER, DAVID E		NAME	Triester, David E.	
STREET ADDRESS	711 MT. PLEASANT RD.		STREET ADDRESS	711 Mt. Pleasant Road	
CITY-ST-ZIP	BRYN MAWR, PA 19010		CITY-ST-ZIP	Bryn Mawr, PA 19010	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORSWORTHY, JEAN		NAME		
STREET ADDRESS	111 PRESIDENTIAL BLVD. #230		STREET ADDRESS		
CITY-ST-ZIP	BALA CYNWYD, PA 19004		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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. 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: <i>Jean Norsworthy</i>	1/13/04 (610) 667-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
JEAN NORSWORTHY, SECRETARY	