2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

FILED Feb 16, 2004 08:00 AM Secretary of State DOCUMENT # P95000081192 1. Entity Name DAYTONAS CORNER, INC. Principal Place of Business Mailing Address 732 MASON AVE 732 MASON AVE DAYTONA BEACH, FL 32114 DAYTONA BEACH, FL 32114 No Chg-P CR2E034 (10/03) 02112004 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3343120 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent OHNONA, CHARON DO NOT WRITE 2600 N. PENISULA DR. DAYTONA BEACH, FL 32118 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 famillar with, and accept the obligations of registered agents 5 × ± · SIGNATURE Smallure, lypedic printed rume of registered agent and the if applicable (NOTE Registered Agent's gnature required when reinstating) 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 TITLE MAME ONHONA, CHARON 2600 PENISULA DR. STREET ADDRESS CITY ST ZIP DAYTONA BEACH, FL. 32118 TITLE 02/16/04-80079-004 150.00 NAME MERK, PAUL STREET ADDRESS 732 MASON AVE CITY ST 782 DAYTONA BEACH, FL 32114 NAME STREET ADDRESS DO NOT WRITE CITY ST ZIP TITLE IN THIS SPACE STREET ADDRESS CITY ST ZIP NAME STREET ADDRESS CITY ST ZIP TITLE NAME STREET ADDRESS CITY ST ZIP 12. I hereby certify that the information supplied with this filling 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.

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR