


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91009 007 ***150.00

1. Entity Name PRUDENTIAL INTERNATIONAL INC.	
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Principal Place of Business 11331 NW 49 DRIVE CORAL SPRINGS, FL 33076	Mailing Address PO BOX 821405 SOUTH FLORIDA, FL 33082-1405
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2. Principal Place of Business 12319 N.W. 77 MANOR	3. Mailing Address Suite, Apt. #, etc.
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City & State PARKLAND, FL.	City & State Suite, Apt. #, etc.
Zip 33076	Country U. S. A.

04212004

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4. FEI Number 65-0640352	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 00000000 0000 000000
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6. Name and Address of Current Registered Agent SMITH, DONALD 11331 NW 49 DRIVE POMPAHO BEACH, FL 33076

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 12319 N. W. 77 MANOR. City PARKLAND FL Zip Code 33076
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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:  **4. 20. 04.**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 000000 0000000000
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10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME SMITH, DONALD	
STREET ADDRESS 11331 NW 49 DRIVE	
CITY-ST-ZIP CORAL SPRINGS, FL 33076	
TITLE D	<input type="checkbox"/> Delete
NAME SMITH, JODI	
STREET ADDRESS PO BOX 821405 NA	
CITY-ST-ZIP S. FL., FL 330821405	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P. DONALD SMITH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 12319 N.W. 77 MANOR.	
STREET ADDRESS PARKLAND, FL. 33076.	
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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)(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:  **4. 20. 04; 954-509-9106**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #