2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000091966

Entity Name: TRICK SHOTS TWO, INC.

FILED Apr 22, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

 2781 W. STATE ROAD 434
 2781 WESTSTATE ROAD 434

 LONGWOOD, FL 327794880
 LONGWOOD, FL 327794880

Current Mailing Address: New Mailing Address:

2781 W. STATE ROAD 434 2781 WEST STATE ROAD 434 LONGWOOD, FL 327794880 LONGWOOD, FL 327794880

FEI Number: 59-3345325 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 SMITH, LANCE D
 SMITH, LANCE D

 2781 W. STATE ROAD 434
 2781 WEST STATE ROAD 434

 LONGWOOD, FL 327794880 US
 LONGWOOD, FL 327794880 US

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.

SIGNATURE: LANCE D SMITH 04/22/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD () Delete Title: () Change () Addition

 Name:
 SMITH, LANCE D
 Name:

 Address:
 2781 W. STATE ROAD 434
 Address:

 City-St-Zip:
 LONGWOOD, FL 327794880
 City-St-Zip:

Title: DVP () Delete Title: () Change () Addition

 Name:
 DANIELS, JAMISON R.
 Name:

 Address:
 545 FOX HUNT CIRCLE
 Address:

 City-St-Zip:
 LONGWOOD, FL 32750
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LANCE D SMITH D 04/22/2004