2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 26, 2004 08:00 AM DOCUMENT # P96000006202 Secretary of State COLLUM MANAGEMENT CORP. Principal Place of Business Mailing Address 540 S.W. 27TH AVENUE 540 S.W. 27TH AVENUE FORT LAUDERDALE, FL 33312 FORT LAUDERDALE, FL 33312 No Chg-P 08302004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0653567 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent COLLUM, RICHARD DO NOT WRITE 540 S.W. 27TH AVENUE FORT LAUDERDALE, FL 33312 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. Lam familiar with, and accept the obligations of registered agent, SIGNATURE. Signature, typed or printed name of registered agent and late if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$550.00 Due by September 8, 2004 Trust Fund Contribution, Added to Fees UQQQQQ1684**6**3 OFFICERS AND DIRECTORS 10. TITLE DP COLLUM, RICHARD NAME STREET ADDRESS 540 SW 27TH AVENUE CITY-ST-ZIP FORT LAUDERDALE, FL 33312 TITLE NAME STREET ARRESTS CMY-ST-ZP TITLE NAME STREET ADDRESS DO NOT WRITE COTY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME

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 guppowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

2/24/01

(954) 583-1045

FILED