2004 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 21, 2004 08:00 AM **Secretary of State** DOCUMENT # P96000009087 HOLD INVESTMENTS, INC. Principal Place of Business Mailing Address 147 WEST LYMAN AVENUE 147 WEST LYMAN AVENUE WINTER PARK, FL 32789 WINTER PARK, FL 32789 03302004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3358264 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 5. Name and Address of Current Registered Agent HOLD, ROBERT P DO NOT WRITE 147 WEST LYMAN AVENUE WINTER PARK, FL 32789 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 familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE U00000121840 FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 04/21/04-80005-009 150.00 10, OFFICERS AND DIRECTORS PSTD TITLE NAME HOLD, ROBERT P STREET ADDRESS 147 WEST LYMAN AVENUE CRY-ST-ZIP WINTER PARK, FL 32789 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7/P THILE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP BBE NAME STREET ADDRESS CRY-ST-ZIP BRE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119,07(3)(1), 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 employered 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 appowered.

SIGNATURE: <

NAME STREET ADDRESS CITY-ST-ZIP

4/6/04

(615) 373-6910