2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000022100

1. Entity Name

SAMPSON INVESTMENTS II, INC.



Principal Place of Business

Mailing Address

2328 TENTH AVENUE NORTH, SUITE 401 LAKE WORTH, FL 33461

2328 TENTH AVENUE NORTH, SUITE 401 LAKE WORTH, FL 33461

FILED Apr 27, 2004 8:00 am Secretary of State

04-27-2004 90065 028 ***150.00



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03092004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0659047 Applied For Not Applicable

Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEIN, CHARLES 2328 TENTH AVENUE NORTH, SUITE 401 LAKE WORTH, FL 33461

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature Signatu						
TITLE PO VOWIN, DENNIS STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL. TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP CITY ST-Z			ourpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ITILE PD VOWIN, DENNIS STREEI ADDRESS CITY-ST-ZP LAKE WORTH, FL ITILE NAME STREET ADDRESS CITY-ST-ZP LAKE WORTH, FL ITILE NAME STREET ADDRESS CITY-ST-ZP LAKE WORTH, FL ITILE NAME STREET ADDRESS CITY-ST-ZP ITILE ITILE NAME STREET ADDRESS CITY-ST-ZP ITILE STREET ADDRESS CITY-ST-ZP ITILE ITILE ITILE STREET ADDRESS CITY-ST-ZP ITILE I	SIGNATURE_					
After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ITILE PD VOWIN, DENNIS STREE1 ADDRESS 2328 10TH AVE N, STE 401 LAKE WORTH, FL ITILE VSTD STREET ADDRESS 2328 WOTH AVE N, STE 401 CITY-ST-ZIP LAKE WORTH, FL ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE ITILE STREET ADDRESS CITY-ST-ZIP ITILE ITI		Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE
TITLE NAME VOWIN, DENNIS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	FILE NOWILL FEE 13 \$ 130.00 {			\$5.00 May Be Added to Fees		
NAME STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	10.	OFFICERS AND DIREC	CTORS			
NAME STEIN, CHARLES 2328 WOTH AVE N, STE 401 LAKE WORTH, FL IITLE NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE IN THIS SPACE TITLE NAME STREET ADDRESS CFTY-ST-ZIP TITLE TITLE NAME STREET ADDRESS TREET ADDRES	NAME STREET ADDRESS	VOWIN, DENNIS 2328 10TH AVE N, STE 401		:		
NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE IN THIS SPACE STREET ADDRESS CJTY-ST-ZIP TITLE	NAME Street address	STEIN, CHARLES 2328 WOTH AVE N, STE 401				
NAME STREET ADDRESS CATY-ST-ZIP TITLE	NAME STREET ADDRESS	1			DO	NOT WRITE
	NAME STREET ADDRESS				IN .	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIF TILLE	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 empoymered to execute this peoprt 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 improvement.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/04 561-533-0