2004 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 15, 2004 08:00 AM Secretary of State **DOCUMENT # P96000024287** CARL W. SMITH, ACCOUNTANT INC. Principal Place of Business Mailing Address 12974 CHELSEA HARBOR DRIVE SOUTH 12974 CHELSEA HARBOR DRIVE SOUTH IACKSONVILLE, FL 32224 JACKSONVILLE, FL 32224 CR2E034 (10/03) 04072004 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3368058 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SMITH, CARL W DO NOT WRITE 12974 CHELSEA HARBOR DRIVE SOUTH JACKSONVILLE, FL 32224 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 it applicable (NOTE: Registered Agent signature required when reinstaling) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE SMITH, CARL W 12974 CHELSEA HARBOR DRIVE SOUTH STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32224 THE U00000114005 04/15/04-80033-002 150.00 NAME STREET ADDRESS CITY-ST-78 BRE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-78 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 empowered.

SIGNATURE:

STREET ADDRESS CSTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

CARLWSonth 4-14-04