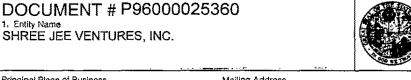
2004 FOR PROFIT CORPORATION ANNUAL REPORT CUMENT # P96000025360

FILED
Apr 16, 2004 08:00 AM
Secretary of State



Principal Place of Business Mailing Address 1413 GARDEN STREET 1413 GARDEN STREET TITUSVILLE, FL 32798 TITUSVILLE, FL 32798 04062004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3368874 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent AMIN, NIRMALA B DO NOT WRITE 1413 GARDEN STREET TITUSVILLE, FL 32796 IN THIS SPACE 3. 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) 000000115622 04/16/04-80032-015 150.00 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PVST TITLE AMIN, NIRMALA B NAME STREET ADDRESS 1413 GARDEN STREET CITY-ST-ZIP TITUSVILLE, FL 32796 TITLE NAME AMIN, NIRMALA B STREET ADDRESS 1413 GARDEN STREET CITY-ST-ZIP TITUSVILLE, FL 32796 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TELLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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.

SIGNAT	URE:
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SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on-14-104.

Daytime Phone: