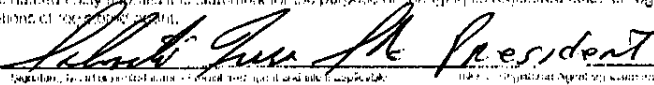
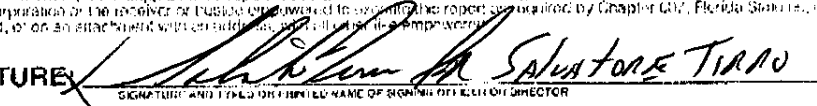


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90335 001 ***150.00

DOCUMENT # P96000040694			
1. Entity Name SAL'S STEP BY STEP, INC.			
Principal Place of Business 16190 64TH PLACE NORTH LOXAHATCHEE, FL 33470		Mailing Address 16190 64TH PLACE NORTH LOXAHATCHEE, FL 33470	
2. Principal Place of Business SALVATORE TIRRO SR		3. Mailing Address 55 GALAMBOS ST.	
Street Address 5586 GALAMBOS ST.		Suite, Apt. #, etc. North Port	
City & State North Port FL		City & State FL	
Zip 34286	Country SARASOTA	Zip 34286	Country
4. FFI Number 65-0668348		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TIRRO, SALVATORE SR 16190 64TH PLACE NORTH LOXAHATCHEE, FL 33470		7. Name and Address of New Registered Agent Name: SALVATORE TIRRO SR. Street Address: 5586 GALAMBOS ST. City: North Port City: FL 34286 FL Zip Code	
8. The above named entity certifies this statement for the purpose of designating registered office or registered agent, or both, in the State of Florida. I, the undersigned, do hereby certify, and accept the obligations of registered agent.			
SIGNATURE  President		Y-26-04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing First Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	ST TIRRO, LEEANNE 16190 64TH PLACE NORTH LOXAHATCHEE, FL 33470 ☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	ST. LEEANNE M. TIRRO 5586 GALAMBOS ST. North Port FL 34286 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	P TIRRO, SALVATORE SR 16190 64TH PLACE NORTH LOXAHATCHEE, FL 33470 ☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	P. TIRRO, SALVATORE TIRRO SR. 5586 GALAMBOS ST. North Port FL 34286 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	V TIRRO, SALVATORE J JR 16190 64TH PLACE NORTH LOXAHATCHEE, FL 33470 ☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	TIRRO SALVATORE J. JR 4512 ARDAIE ST. SARASOTA FL 34232 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exempt status under Section 190.07(3)(b), Florida Statutes. I further certify that no determination is given on this report for any additional report is due 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 this corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 or changed, or on an attachment with an address, and will not be a new person.			
SIGNATURE  SALVATORE TIRRO		Y-26-04	
SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			