2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address

SIGNATURE:

, with all other

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

like empowered.

THOMAS

Feb 09, 2004 8:00 am Secretary of State DOCUMENT # P96000047153 1. Entity Name 02-09-2004 90063 003 ***150.00 TREASURE COAST HOMESEEKERS INC. Mailing Address Principal Place of Business 1100 PROSPERITY FARMS RD. P.O. BOX 2421 たまひしひじひひ SUITE 302 PALM BEACH GARDENS FL 33410 SUITE 301 PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address 11000 Prosperity P.O. Box 3764 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Suite City & State Alm Beac City & State 4. FEI Number Applied For 65-0668691 EQUESTA Not Applicable Country Polm Beach \$8.75 Additional 5. Certificate of Status Desired 33469 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Thomas J. CRAFT, TOM JR. 1100 PROSPERITY FARMS RD. Street Address (P.O. Box Number is Not Acceptable) 11000 Prosperity Farms Rd. SUITE 302 PALM BEACH GARDENS FL 33410 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. Thomas (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE TITLE □ Delete CRATT, Thomas J. SR. NAME CRAFT, THOMAS J SR. NAME 1,1000 Prosperity forms Rd. # 101 STREET ADDRESS 11000 PROSPERITY FARMS RD, #302 STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410 City-St-7iP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP □ Delete TITLE Change ■ Addition NAME NAME - -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS 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 accourate 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

FILED