2004 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 03, 2004 08:00 AM Secretary of State **DOCUMENT # P96000101264** 1. Entity Name PISCES 2, INC. Mailing Address Principal Place of Susiness P.O. BOX 290276 P.O. BOX 290275 PORT ORANGE, FL 32129-0276 US PORT ORANGE, FL 32129-0276 US 06042004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3417582 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE RILEY, SUGIE 6222 MISTY OAK CT PORT ORANGE, FL 33137 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 (NOTE: Represented Agent signature required when rainstating red spent and title if applicable. 9. Election Campaign Financing FILE NOW!!! FEE IS \$550,00 \$5.00 May Be Trust Fund Contribution. Due by September 5, 2004 ÓFFICÉRS AND DIRECTORS 10. TITLE NAME RILEY, K. S. STREET ADDRESS P.O. BOX 290276 CITY-ST-ZIP PORT ORANGE, FL 321290276 TITLE NAME STREET ADDRESS C3YY - ST - 21P NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP IN THIS SPACE MLE MAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-DP TITLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Plotida 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 path; that I am an officer or director of the corporation or the receiver or sustee 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 AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

FILED