2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 11, 2005 08:00 AM Secretary of State DOCUMENT, # P96000102415 1. Entity Name F M H HOLDINGS, INC. Principal Place of Business Mailing Address 239 OLD RIVER ROAD 239 OLD RIVER ROAD WILKES-BARRE, PA 18702 WILKES-BARRE, PA 18702 03192005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-2282531 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent CAPITAL CONNECTION DO NOT WRITE 417 E. VIRGINIA ST., SUITE 1 TALLAHASEE, FL 32301 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 if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. U00000298742 TITLE NAME HENRY, FRANK 14/11/05-80080-015 150.00 239 OLD RIVER ROAD STREET ADDRESS CITY-ST-ZIP WILKES-BARRE, PA 18702 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CiTY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY - ST - 7IP

OFFICER OR DIRECTOR

FILED