Sep 21, 2004 8:00 am Secretary of State 2004 FOR PROFIT CORPORATION ANNUAL REPORT 09-21-2004 90001 036 ***158.75 **DOCUMENT # P97000004217** 1. Entity Name JOE CAMPANELLI'S PRODUCTS, INC. 24000002 Mailing Address Principal Place of Business 591 FISCHER BLVD. TOMS RIVER, NI. 08753 591 FISCHER BLVD. TOMS BIFFER, NJ 08753 2. Principal Place of Business 555 RT Suite, Apt. #, etc. Suite, Apt. #, etc 08302004 CR2E034 (10/03) 4."FEI Number Applied For -City & State NER -65-0734581 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ADAMS, GERALD J 113 N FEDERAL HWY Street Address (P.O. Box Number is Not Acceptable) DANIA, FL 33004 1 8. The above named entity submits th ent 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 ager SIGNATURE. 9. Election Campaign Financing FILE NOWIII FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete ☐ Change ☐ Addition TITLE TITLE CAMPAÑELLI, JOSEPH W NAME NAME STREET ADDRESS 26 CAPTAINS DRIVE STREET ADDRESS TOMS RIVER, NJ 08753 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition 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-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE C Delete TITLE ☐ Change Addition 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-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.

SIGNATURE:

SIGNATURE AND TYPES ON PRINTED NAME OF

FILED

AHachment # 1997000004217 JOE CAMPANELLI'S PRODUCTS, INC. "Products That Work" 24685864

9-17-04

- To: Florida Divisions of Corporations -----

From: Joe Campanelli

To Whom It May Concern,

We have relocated our business and never received the reinstatement notice until recently when the post office sent us a bundle of mail from our old location.

Please waive the late fee.

Joe Campanelli

Thank You

PEI # 65-073458/

1555 RT 37 WEST, UNIT 2 TOMS RIVER, NJ 08755 1-888-662-6737, 732-473-0411, FAX 732-473-0414 INFO@JOECAMPANELLI.COM, WWW.JOECAMPANELLI.COM