2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004
Secretary of State

DOCUMENT# P97000034676

Entity Name: INFORMATION EXCLUSIVE, INC.

Current Principal Place of Business:

3935 ST. ARMENS CIRCEL
MELBOURNE, FL 32934

New Principal Place of Business:

Current Mailing Address:

3935 ST. ARMENS CIRCEL
MELBOURNE, FL 32934

New Mailing Address:

PO BOX 231
ODESSA, FL 33556

FEI Number: 59-3452547 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MASTERS, NOLAN W
3935 ST. ARMENS CIRCEL
MELBOURNE, FL 32934

Name and Address of New Registered Agent:

FULLER & COMPANY, P.A.
2701 W BUSCH BLVD.
SUITE 141
TAMPA, FL 33618

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.

SIGNATURE: MICHAEL W. FULLER 03/03/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MASTERS, NOLAN W
Address: 3935 ST. ARMENS CIRCEL
City-St-Zip: MELBOURNE, FL 32934

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: MASTERS, NOLAN W
Address: 3935 ST. ARMENS CIRCEL
City-St-Zip: MELBOURNE, FL 32934

Title: PD ( ) Change (X) Addition
Name: FULLER, MICHAEL W
Address: 2701 W BUSCH BLVD SUITE 141
City-St-Zip: TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL W. FULLER PD 03/03/2004
Electronic Signature of Signing Officer or Director Date