


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90380 039 \*\*\*150.00

<b>DOCUMENT # P97000041660</b>	
1. Entity Name SHOWMAR SOLUTIONS INC.	

Principal Place of Business 610 S.W. 35 ST OCALA, FL 34474 US	Mailing Address 610 S.W. 35 ST OCALA, FL 34474 US
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2. Principal Place of Business 217 Katherine Blvd Suite, Apt. #, etc. 2212	3. Mailing Address 217 Katherine Blvd Suite, Apt. #, etc. 2212
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City & State Palm Harbor, FL	City & State Palm Harbor, FL
Zip 34684	Country USA
Zip 34684	Country USA

44040529



02052004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent SHOWEN, WILLIAM J 610 S.W. 35 ST OCALA, FL 34474	
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7. Name and Address of New Registered Agent Name William J. Showen Street Address (P.O. Box Number is Not Acceptable) 217 Katherine Blvd #2212 City PALM HARBOR FL Zip Code 34684	
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 <u>William Showen</u> (William Showen) DATE <u>4/26/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO SHOWEN, PAULA M 610 S.W. 35 ST OCALA, FL 34474 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.D. PAULA M. Showen <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 217 KATHERINE BLVD #2212 PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SHOWEN, WILLIAM J 610 S.W. 35 ST OCALA, FL 34474 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. William J. Showen <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 217 KATHERINE BLVD #2212 PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>William Showen</u> CEO <u>4/26/04</u> (727) 772-8805 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>