

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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May 11 1998 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
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DOCUMENT # P97000050899 (8)

1. Corporation Name

SILICON RAIN BLUEPRINT COMPANY



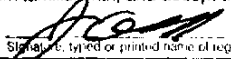
|   |   |
|---|---|
| Principal Place of Business<br>1633 EAST VINE STREET #121<br>KISSIMMEE FL 34744 | Mailing Address<br>1633 EAST VINE STREET #121<br>KISSIMMEE FL 34744 |
|---|---|

DO NOT WRITE IN THIS SPACE

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 2. Principal Place of Business<br>21 101 Park Place Blvd<br>22 Suite, Apt. #, etc. 2<br>23 Kissimmee FL<br>24 Zip 34741 25 Country |  | 2a. Mailing Address<br>26 101 Park Place Blvd<br>27 Suite, Apt. #, etc. 2<br>28 Kissimmee FL<br>29 Zip 34741 30 Country |  | 3. Date Incorporated or Qualified<br>06/09/1997   |  |
|  |  |   |  | 4. FEI Number<br>59-3454663   |  |
|  |  |   |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |  |
|  |  |   |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees   |  |
|  |  |   |  | 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|  |  |   |  |
|--|--|---|--|
| 9. Name and Address of Current Registered Agent<br>AMENDOH, JOSEPH R<br>1633 EAST VINE STREET #121<br>KISSIMMEE FL 34744 |  | 10. Name and Address of New Registered Agent<br>81 Name Amendola, Joseph R.<br>82 Street Address (P.O. Box Number is Not Acceptable) 101 Park Place Blvd Ste #2<br>83<br>84 City Kissimmee FL 85 Zip Code 34741 |  |
|--|--|---|--|

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  Joseph R. Amendola DATE 4-29-98

|                            |                       |   |  |
|----------------------------|-----------------------|---|--|
| 12. OFFICERS AND DIRECTORS |                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
| TITLE                      | D                     | 1.1 TITLE   |  |
| NAME                       | AMENDOH, JOSEPH R     | 1.2 NAME  |  |
| STREET ADDRESS             | 2735 PINERIDGE CIRCLE | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | KISSIMMEE FL 34748    | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D                     | 2.1 TITLE   |  |
| NAME                       | CLARK, JON A          | 2.2 NAME  |  |
| STREET ADDRESS             | 704 GRAPE AVENUE      | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | ST. CLOUD FL 34746    | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                       | 3.1 TITLE   |  |
| NAME                       |                       | 3.2 NAME  |  |
| STREET ADDRESS             |                       | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                       | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                       | 4.1 TITLE   |  |
| NAME                       |                       | 4.2 NAME  |  |
| STREET ADDRESS             |                       | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                       | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                       | 5.1 TITLE   |  |
| NAME                       |                       | 5.2 NAME  |  |
| STREET ADDRESS             |                       | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                       | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                       | 6.1 TITLE   |  |
| NAME                       |                       | 6.2 NAME  |  |
| STREET ADDRESS             |                       | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                       | 6.4 CITY-ST-ZIP                                       |  |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

 Joseph R. Amendola 4-29-98 407-931-0404

CR2E034 (10/97)