2004 FOR PROFIT CORPORATION

Apr 30, 2004 08:00 AM ANNUAL REPORT **Secretary of State** DOCUMENT # P97000055803 1. Enlity Name BRANDON LOCK & SAFE, INC. Principal Place of Business Mailing Address 333 N FALKENBURG RD 333 N FALKENBURG RD B-203 8-203 TAMPA, FL 33619 TAMPA, FL 33619 04272004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 85-0762885 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 5. Name and Address of Current Registered Agent MUSALL, VICKIE L DO NOT WRITE 1120 ALETHA AVENUE NW PORT CHARLOTTE, FL 33948 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) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. U00000143457 TITLE MUSALL, VICKIE L MAM). 04/30/04-80093-013 150.00 STREET ADDRESS 1120 ALETHA AVENUE NW CITY-ST-ZIP PORT CHARLOTTE, FL 33948 TITEF HAME MUSALL, LARRY STREET ADDRESS 1120 ALETHA AVENUE NW PORT CHARLOTTE, FL 33948 CITY-ST-ZP HILE NAME STREET ADDRESS DO NOT WRITE CTTY-ST-ZIP IN THIS SPACE NAME

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 or an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZP BILE NAME STREET ADDRESS CITY-ST-70 33314 NAME STREET ADDRESS CITY-ST-719

Musel Vickie L. Musall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTUR

FILED