2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 23, 2004 08:00 AM Secretary of State DOCUMENT # P97000057727 DURACH DEVELOPMENT INC. Principal Place of Business Mailing Address 125 WORTH AVE. 125 WORTH AVE. SUITE 220 SUITE 220 PALM BEACH, FL 33480 US PALM BEACH, FL 33480 US 01192004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0778646 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FRANKS, STANLEY DO NOT WRITE 125 WORTH AVE. SUITE 200 IN THIS SPACE PALM BEACH, FL 33480 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. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME DURACH, HERBERT STREET ADDRESS OBERWEG 6, 82008 UNTERHACHING CITY-ST-ZIP GERMANY, U00000011593 01/23/04-80044-003 158.75 TITLE DURACH, MICHAEL NAME STREET ADDRESS **OBERWEG 6, 82008 UNTERHACHING** CITY-ST-ZIP GERMANY. TITLE DURACH, STEFAN NAME STREET ADDRESS **OBERWEG 6, 82008 UNTERHACHING** DO NOT WRITE CITY-ST-ZIP GERMANY, TITLE IN THIS SPACE NAME STREET ADDRESS

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

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

