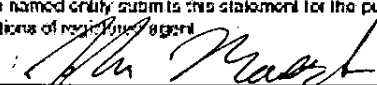
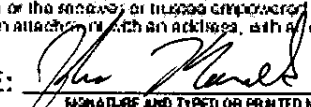


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90467 039 ***150.00

DOCUMENT # P97000059353			
1. Entity Name A.T.B. CANVAS DESIGNS, INC.			
Principal Place of Business #9 SHIPS WAY BIG PINE KEY, FL 33043		Mailing Address P O BOX 431762 BIG PINE KEY, FL 33043	
2. Principal Place of Business #33 SHIPS WAY Suite, Apt. #, etc.		3. Mailing Address P.O. Box 431762 Suite, Apt. #, etc.	
City & State Big Pine Key FL Zip 33043 Country USA		City & State Big Pine Key FL Zip 33043 Country USA	
4. FEI Number 65-0766646		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAREK, JOHN #9 SHIPS WAY BIG PINE KEY, FL 33043		7. Name and Address of New Registered Agent Name JOHN MAREK Street Address (P.O. Box Number is Not Acceptable) #33 SHIPS WAY City Big Pine Key FL Zip Code 33043	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in this State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: 		John Marek 4/28/2004 DATE	
FILE NOW!!! FEE IS \$550.00 Due by September 5, 2004.		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:	
☐ NEW NAME: PSD MAREK, JOHN STREET ADDRESS: 31011 HOLLERICH DRIVE CITY-STATE-ZIP: BIG PINE KEY, FL 33043	☐ Delete	NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	☐ Change ☐ Addition
☐ NEW NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	☐ Delete	NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	☐ Change ☐ Addition
☐ NEW NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	☐ Delete	NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	☐ Change ☐ Addition
☐ NEW NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	☐ Delete	NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	☐ Change ☐ Addition
☐ NEW NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	☐ Delete	NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	☐ Change ☐ Addition
☐ NEW NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	☐ Delete	NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	☐ Change ☐ Addition
☐ NEW NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	☐ Delete	NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 secretary 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 a/ other I so empowered.			
SIGNATURE: 		John Marek 4/28/2004 (305) 872-1500 DATE	