2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000064547

1. Entity Name

OSCEOLA TRACE DEVELOPMENT CORPORATION



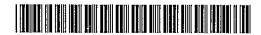
Principal Place of Business

18679 S.E. FEDERAL HIGHWAY TEQUESTA, FL 33469

Mailing Address

18679 S.E. FEDERAL HIGHWAY TEQUESTA, FL 33469

FILED Apr 26, 2004 08:00 AM Secretary of State



04142004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0770321 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUBENFELD, DAREN L 18679 S.E. FEDERAL HIGHWAY TEQUESTA, FL 33469

DO NOT WRITE 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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		\$5.00 May Be Added to Fees	U00000133160 04/27/04-80075-014 158.75
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, ROBERT 18679 S.E. FEDERAL HIGHWAY TEQUESTA, FL 33469				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUBENFELD, DAREN 18679 SE FEDERAL HIGHWAY TEQUESTA, FL 33469				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					

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 succurate 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #