2004 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 18, 2004 08:00 AM **Secretary of State** DOCUMENT # P97000070425 1. Entity Name SARNO, INC. Principal Place of Business Mailing Address 14 SEABRIDGE DR 14 SEABRIDGE DR ORMOND BEACH, FL 32126 US ORMOND BEACH, FL 32126 US 01232004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3464897 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCGEE BROCKENBROUGH, SHARON DO NOT WRITE 883 W. GRANADA BLVD. ORMOND BEACH, FL 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 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. TITLE NAME SARNO, CHRISTOPHER STREET ADDRESS. 165 NATURE TRAIL CITY-ST-ZIP ORMOND BEACH, FL 32174 BILE U00000092187 03/18/04-80039-010 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CSTY-ST-ZSP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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

SARNO

SIGNATURE:

FILED