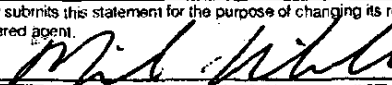
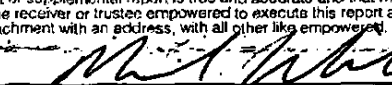


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2004 8:00 am
Secretary of State

07-21-2004 90026 044 ***150.00
08-05-2004 90005 040 ***400.00

DOCUMENT # P97000072599			
1. Entity Name MIND'S EYE CREATIVE, INC.			
Principal Place of Business 800 CELEBRATION AV STE 326 CELEBRATION, FL 34747 US		Mailing Address P.O. BOX 22514 LAKE BUENA VISTA, FL 32830	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3467432		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLATS, MICHAEL L 171 BISMARCK CT. OCOE, FL 34761		7. Name and Address of New Registered Agent Name WILLATS, MICHAEL L Street Address (P.O. Box Number is Not Acceptable) 910 SPRING PARK LOOP City CELEBRATION FL 34747	
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  DATE 7/8/04			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLATS, MICHAEL L 171 BISMARCK COURT OCOE, FL 34761 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT WILLATS, MICHAEL L 910 SPRING PARK LOOP CELEBRATION, FL 34747 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-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)(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.			
SIGNATURE: 		Date 7/8/04 321-939-1000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	