2004 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Apr 07, 2004 08:00 AM Secretary of State **DOCUMENT # P97000086236** THE IMPORT STORE OF DAYTONA BEACH, INC. Principal Place of Business 707 HILLS BLVD. 707 HILLS BLVD. PORT ORANGE, FL 32127 PORT ORANGE, FL 32127 No Chg-P CR2E034 (10/03) 04022004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3477610 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent FATTOUH, SUSAN G DO NOT WRITE 707 HILLS BLVD. PORT ORANGE, FL 32127 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) U00000105550 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 04/07/04-80029-016 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME FATTOUH, SUSAN G 707 HILLS BLVD. STREET ADDRESS CITY-ST-ZIP PORT ORANGE, FL 32127 TITLE FATTOUH, MOHAMMAD Z NAME STREET ADDRESS 707 HILLS BLVD. PORT ORANGE, FL 32127 CITY-ST-ZP THEE

DO NOT WRITE IN THIS SPACE

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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:

NAME STREET ADDRESS

TITLE

CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan G. Fattowh 4-2-04