

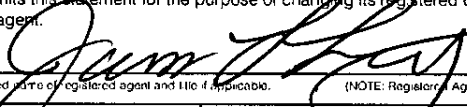
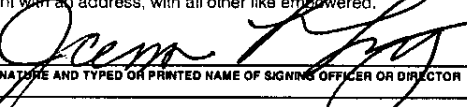


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90031 022 ***150.00

DOCUMENT # P97000107121 1. Entity Name THREE E CORPORATION					
Principal Place of Business 4305 NEPTUNE ROAD SAINT CLOUD, FL 34769 US			Mailing Address 4305 NEPTUNE ROAD SAINT CLOUD, FL 34769 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 3500 Harmony Sq Del Suite, Apt. #, etc.			
City & State Harmony FL		City & State Harmony FL		4. FEI Number 59-3496570	
Zip 34773		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LENTZ, JAMES L 4305 NEPTUNE ROAD SAINT CLOUD, FL 34769			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3500 Harmony Sq Dr West City Harmony FL Zip Code 34773		
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: 4-13-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 LENTZ, JAMES L 4305 NEPTUNE ROAD SAINT CLOUD, FL 34769	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LENTZ, MARTHA E 4305 NEPTUNE ROAD SAINT CLOUD, FL 34769	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: 4-13-04 407-891-1616 <small>Daytime Phone #</small>		