



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90041 050 ***150.00

DOCUMENT # P98000012345 1. Entity Name R & D DEFERRARI MANAGEMENT, INC.																																	
Principal Place of Business 305 ORANGE STREET OZONA, FL 34660			Mailing Address P.O. BOX 6688 OZONA, FL 34660																														
2. Principal Place of Business 108 HARBOR DRIVE Suite, Apt. #, etc.		3. Mailing Address 108 HARBOR DRIVE Suite, Apt. #, etc.																															
City & State PALM HARBOR, FL		City & State PALM HARBOR		4. FEI Number 59-7115730																													
Zip 34683		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent GILBERT, BETSY 305 ORANGE STREET PALM HARBOR, FL 34683				7. Name and Address of New Registered Agent Name DIANA DEFERRARI Street Address (P.O. Box Number is Not Acceptable) 108 HARBOR DR City PALM HARBOR FL Zip Code 34683																													
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: <u><i>Diana Deferrari</i></u> DATE: <u>3/31/04</u> <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 <input checked="" type="checkbox"/> Not Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																														
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> D DEFERRARI, RONALD H 305 ORANGE STREET OZONA, FL 34660 <input checked="" type="checkbox"/> Delete </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEFERRARI, RONALD H 305 ORANGE STREET OZONA, FL 34660 <input checked="" type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> D DEFERRARI, DIANA 108 HARBOR DRIVE PALM HARBOR, FL 34683 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEFERRARI, DIANA 108 HARBOR DRIVE PALM HARBOR, FL 34683 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition												
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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: <u><i>Diana Deferrari</i></u> <small>Signature and typed or printed name of signing officer or director</small>			Date: <u>3/31/04</u> Daytime Phone #: <u>727-767-1107</u>																														