May 03, 2004 8:00 am 2004 FOR PROFIT CORPORATION Secretary of State **ANNUAL REPORT** 05-03-2004 91217 046 ***150.00 DOCUMENT # P98000028662 1. Entity Name RUTH A. SANDBERGEN, INC. 24066555 Principal Place of Business Mailing Address 2856 ALLAPATTAH DRIVE 2856 ALLAPATTAH DRIVE CLEARWATER, FL 33761 CLEARWATER, FL 33761 No Chg-P 03282004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. EEI Number 59-3500873 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SANDBERGEN, RUTH A DO NOT WRITE 2856 ALLAPATTAH DRIVE CLEARWATER, FL 33761 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE D NAME SANDBERGEN, RUTH A STREET ADDRESS 2856 ALLAPATTAH DRIVE CITY-ST-ZIP CLEARWATER, FL 33761 TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS 3000 End Mill po 27 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 changed, or on an attachpent with an address, with all other like empowered.

SIGNATURE

TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandbergen

4/30/04

727-785-7728

Daytime Phone #

FILED