## **.2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## Mar 17, 2004 08:00 AM Secretary of State DOCUMENT # P98000041256 1. Entity Name KAISER BUSINESS CONSULTANTS, INC. Principal Place of Business Mailing Address 3300 FOX CHASE CIRCLE N 3300 FOX CHASE CIRCLE N UNIT #199 UNIT #199 PALM HARBOR, FL 34683 PALM HARBOR, FL 34683 US 03052004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbe 59-3517279 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KAISER, DARREN DO NOT WRITE 3300 FOX CHASE CIRCLE N UNIT #199 IN THIS SPACE PALM HARBOR, FL 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 Fiorida, I am familiar with, and accept the coligations of registered agent. (NOTE Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 U00000090232 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 03/17/04-80009-025 150 no 10. OFFICERS AND DIRECTORS TEFLE NAME KAISER, DARREN STREET ADDRESS 3300 FOX CHASE CIRCLE N UNIT #199 PALM HARBOR, FL 34683 CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY -ST-ZIP 33TLE IN THIS SPACE NAME STREET ADDRESS CITY -ST-ZIP me STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(7). 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 in the corporation of the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of 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 in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes in the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes in the corporation of the receiver or trustee empowered to execute the receiver of the receiver or trustee empowered to execute the receiver of the receiver or trustee empowered to execute

SIGNATURE:

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