FILED

2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 03, 2004 08:00 AN **Secretary of State** DOCUMENT # P98000043861 1. Entity Name GOOD NEWS ELECTRONICS, INC. Principal Place of Business Mailing Address 214 CHERRY LAUREL DR. 214 CHERRY LAUREL DR. PALM HARBOR, FL 34683-4819 PALM HARBOR FL 34683-4819 CR2E034 (10/03) 04272004 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. Htt Number 59-3508916 Not Applicable Ŋ \$8.75 Additional 5. Certificate of Status Desired Fas Required 6. Name and Address of Current Registered Agent LOVELACE, WILLIAM K ESQ DO NOT WRITE 2310 WEST BAY DR. LARGO, FL 33770 IN THIS SPACE 2. 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 accopt the obligations of registered agent SIGNATURE. Signature, force or project name of registered agent and title 4 agenticable (STORY THE STORY BEAUTIFF BUILDING THE STORY STORY STORY) DATE \$5.00 May Be U00000152820 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. _ Added to Fees 05/04/04-80101-023 150.00 CETICERS AND DIRECTORS 10. me NAME DURANTE, JOHN STREET ADORESS 214 CHERRY LAUREL DR CITY-ST-ZIP PALM HARBOR, FL 34683 TITLE NAME STREET ADDRESS C/TY-ST-ZIP ITILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZUP THE IN THIS SPACE NAME STREET ADDRESS CHY-SI-DP FIRE NAME STREET ADDRESS CITY-SF-ZIP TITLE NAME

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 it made under oath, that I am an utilizer or director of the corporation of the requirer 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. changed, or on an attachm nt with an address, with all other like empowered.

STRILLT ACCORESS CITY ST DP

HATGRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR