2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

NAME STREET ADDRESS CITY-ST-ZIP

FILED Apr 01, 2004 08:00 AM Secretary of State **DOCUMENT # P98000062104** MECHANICAL INNOVATION, INC. Principal Place of Business Mailing Address 1879 N.W. RIVER TR. 1879 N.W. RIVER TR. STUART, FL 34994 STUART, FL 34994 No Chg-P CR2E034 (10/03) 03302004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0850678 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NOVOTNY, RUDOLPH J DO NOT WRITE 1879 N.W. RIVER TR. STUART, FL 34994 IN THIS SPACE 5. 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) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be U00000100712 Trust Fund Contribution. Added to Fees 04/01/04-80019-803 150.00 10. OFFICERS AND DIRECTORS D TITLE NAME NOVOTNY, RUDOLPH J 1879 N.W. RIVER TR. STREET ADDRESS CITY-ST-ZIP STUART, FL 34994 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST- 7/P TITLE IN THIS SPACE NAME STREET ADDRESS CRTY-ST-ZIP TITLE NAME STREET ADDRESS CRY-ST-ZIP

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