

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MOORE CR2E034 (11/03) 04

DOCUMENT # P98000066346 1. Entity Name LION EQUITY HOLDING CORP.																													
Principal Place of Business 1319 SW 5 AVENUE BOCA RATON FL 33432			Mailing Address 951 SW 4 AVENUE BOCA RATON FL 33432																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country	4. FEI Number 65-0902587 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent BLAKESBERG, JON D 951 SW 4TH AVENUE BOCA RATON FL 33432																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust 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: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>DEFEUDIS, EDWARD C</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6 BAY ROAD UNIT 5</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NEWMARKET NH 03057</td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME	DEFEUDIS, EDWARD C	<input type="checkbox"/>	STREET ADDRESS	6 BAY ROAD UNIT 5		CITY-ST-ZIP	NEWMARKET NH 03057		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Change Addition</td> </tr> <tr> <td>NAME</td> <td>13 Dartmoor Dr</td> <td><input checked="" type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Shrewsbury</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MA 01545</td> <td></td> </tr> </table>			TITLE	NAME	Change Addition	NAME	13 Dartmoor Dr	<input checked="" type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS	Shrewsbury		CITY-ST-ZIP	MA 01545	
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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: *Ed C De J* **President** 750 8340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #