OL FOR PROFIT CORPORATIÔN UNIFORM BUSINESS REPORT (UBR) FILED P98000076535 **DOCUMENT#** 1. Entity Name 02 MAY -8 AM 9: 13 DECKS PLUS, INC. WOZ - 10589 SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 2923 2416 2923 24Lh Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Çity & State 4. FEI Number Applied For isradenton 105-090605 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Name DO NOT WRITE Box Number is Not Acceptable) IN THIS SPACE City Zip Code 34205 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its intangible After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE V15/T/D CR2E034B (12/01) TITLE 600005574906---05/20/02--01063--025 Phil Dyer NAME NAME 2923 24th St. W. STREET ADDRESS STREET ADDRESS ****608.75 ****608.75 CITY-ST-7IP Bradenton, Fl. 34205 CITY-ST-ZIP TITLE TITLE Valerie Dyer NAME NAME 2923 24th St. W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Brade : 400, F1. 3420-CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or on an attachment with an address with all other like empowered.

SIGNATURE: 3/8/02 940751-000