FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mar 31, 2002 8:00 am **Secretary of State** DOCUMENT # 70800077697 03-31-2002 90355 001 ***150.00 SIMPLEBUYER, INC. 80054200 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 4904 CREEKSIDE DRIVE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. SUITE Applied For City & State 4. FEI Number City & State CLEARWATER <u>59-3529020</u> Not Applicable Zip \$8.75 Additional Country 5. Certificate of Status Desired 33615 Fee Required 7. Name and Address of Current Registered Agent VALENCIA DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 10218 WERPIMAC MANOR IN THIS SPACE Ruseriew 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. of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 9. This corporation is eligible to satisfy its Intangible 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 OFFICERS AND DIRECTORS 11. CR2E034B (12/01) CEO. PRESIDENT TITLE TITI F JOHN VALENCIA 10218 MERRIMAL MANDE DRIVE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RIVERVIEW, FL 3356A TIT) F VU LONG HOAG NAME 4904 CREEKSIDE DRIVE, STE A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER, FL 33615 TITLE C,T.O. TITLE HOA NGUYEN NAME NAME 4904 CREEKSIDE DRIVE, STEA STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-7IP CLEARWATEL, FL 33615 CITY-ST-ZIP V.P. TITLE IN THIS SPACE TITLE VINH DUONG NAME NAME 4904 CRECKSIDE DRIVE, STE, A STREET ADDRESS STREET ADDRESS CULARWATER FL 33615 CITY-ST-ZIP CITY-ST-ZIE TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

MINTED NAME OF SIGNING OFFICER OR DIRECTOR

18/02 727-299-9692