2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004
Secretary of State

DOCUMENT# P98000084255

Entity Name: FEDERAL POINT PUBLISHING, INC.

Current Principal Place of Business:

109 W GROVE LAND LN
EAST PALATKA, FL 32131

New Principal Place of Business:

2812 WOODSIDE AVE.
WINTER PARK, FL 32789

Current Mailing Address:

109 W GROVE LAND LN
EAST PALATKA, FL 32131

New Mailing Address:

3208 EAST COLONIAL DRIV
304
ORLANDO, FL 32803

FEI Number: 59-3538038 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAST, JAMES
109 W GROVELAND LN.
EAST PALATKA, FL 32131

Name and Address of New Registered Agent:

COMBS, STEPHEN M
2812 WOODSIDE AVE.
WINTER PARK, FL 32789

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: STEPHEN M. COMBS 04/26/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MAST, JAMES D
Address: 109 WEST GROVELAND LN
City-St-Zip: EAST PALATKA, FL 32131

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: O/D ( ) Change (X) Addition
Name: COMBS, STEPHEN M
Address: 2812 WOODSIDE AVE.
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Change (X) Addition
Name: JOHNSON, DIANA S
Address: 2320 HUNTERFIELD RD
City-St-Zip: MAITLAND, FL 32751

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN M. COMBS O/D 04/26/2004
Electronic Signature of Signing Officer or Director Date