2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 29, 2004 08:00 AM Secretary of State DOCUMENT # P98000084796 MERONE CORPORATION Principal Place of Business Mailing Address 507 WEST CLINCH AVE 507 WEST CLINCH AVE KNOXVILLE, TN 37902 KNOXVILLE, TN 37902 US 04222004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3535535 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EVANS, JOHN H ESQ DO NOT WRITE 1702 S WASHINGTON AVE TITUSVILLE, FL 32780 IN THIS SPACE 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_ Signature Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DPST TITLE ROGOVIN, JACOB NAME U00000139941 STREET ADDRESS 507 WEST CLINCH AVE 04/29/04-80140-012 150.nn CITY-ST-ZIP KNOXVILLE, TN 37902 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STHEE! ADDRESS

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 that my signature shall have the same legal effect as if made under cath, that I am an officer or director of line 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:

TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

104/25/2004 +9715423104

FILED