


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90483 034 ***150.00

DOCUMENT # P98000085825			
1. Entity Name LURAWORKS, INC.		Principal Place of Business PO BOX 14133 CLEARWATER FL 33766-4133	
2. Principal Place of Business		3. Mailing Address PO BOX 14133 CLEARWATER FL 33766-4133	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3539362		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LYKES, CHARLES E JR.		Name	
501 SOUTH FORT HARRISON AVE, STE 101		Street Address (P.O. Box Number is Not Acceptable)	
CLEARWATER FL 33756		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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PS <input type="checkbox"/> Delete	NAME: ANGELIS DOWNEY, LURA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: PO BOX 14133 N/A	CITY-ST-ZIP: CLEARWATER FL 33766-4133	NAME	
TITLE	NAME	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	NAME	
CITY-ST-ZIP		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	CITY-ST-ZIP	
STREET ADDRESS	CITY-ST-ZIP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		NAME	
TITLE	NAME	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
CITY-ST-ZIP		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	NAME	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	NAME	
CITY-ST-ZIP		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	CITY-ST-ZIP	

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: *LURA A. DOWNEY* **LURA A. DOWNEY** **3/11/03** **727-796-4370**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)