


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90008 010 ***158.75

DOCUMENT # P99000009815	
1. Entity Name TREASURE ISLAND JEWELRY, INC.	

Principal Place of Business 405 EAGLE RIDGE DRIVE EAGLE RIDGE MALL LAKE WALES FL 33859	Mailing Address 405 EAGLE RIDGE DRIVE EAGLE RIDGE MALL LAKE WALES FL 33859
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 59-3557475	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ALI, AMIR 405 EAGLE RIDGE DRIVE LAKE WALES FL 33853 33859
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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 re-registering) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETE <input type="checkbox"/>
ALI, AMIR 405 EAGLE RIDGE DR. LAKE WALES FL 33853	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETE <input type="checkbox"/>
VP ALI, NASREEN 405 EAGLE RIDGE DRIVE LAKE WALES FL 33053	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETE <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETE <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DELETE <input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/>

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 an other like empowered.

SIGNATURE: _____ **3/21/2004** **DATE** _____ **Daytime Phone #** _____