

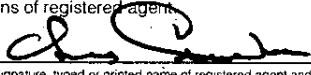



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90324 024 ***150.00

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| DOCUMENT # P99000009976 | | | |  | |
| 1. Entity Name PLAN MANAGEMENT RESOURCES, INC. | | | | | |
| Principal Place of Business 808 THIRD ST. SUITE C NEPTUNE BEACH, FL 32266 | | | Mailing Address 808 THIRD ST. SUITE C NEPTUNE BEACH, FL 32266 | | |
| 2. Principal Place of Business 1015 Atlantic Blvd Suite, Apt. #, etc. Suite 401 City & State Atlantic Beach, FL Zip 32233 Country USA | | 3. Mailing Address 545 Ogilthorpe Ave Suite, Apt. #, etc. Suite 101 City & State St. Simons Island, GA Zip 31522 Country USA | |  | |
| 04272004 Chg-P CR2E034 (10/03) | | 4. FEI Number 59-3555429 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 6. Name and Address of Current Registered Agent JARRELL, THURMAN R III 4060 RICHMOND PARK DR. E JACKSONVILLE, FL 32224 | | | |
| 7. Name and Address of New Registered Agent Name CHRIS CRAVEN Street Address (P.O. Box Number is Not Acceptable) 10150 Bell Rive Blvd #2306 City JACKSONVILLE FL Zip Code 32256 | | 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:  Chris Craven DATE: 4/26/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JARRELL, THURMAN R III 4060 RICHMOND PARK DR. E JACKSONVILLE, FL 32224 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Jarrell, Thurman R III 545 Ogilthorpe Ave St. Simons Island, GA 31522 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:  | | | 4/26/04 877 419-4904 <small>Date Daytime Phone #</small> | | |