

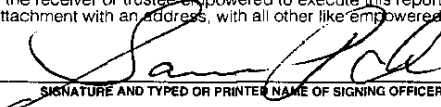


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90256 048 \*\*\*150.00

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| <b>DOCUMENT # P99000019969</b><br>1. Entity Name<br><b>APPLIANCE DIRECT IV, INC.</b>  |  |  |  |    |  |
| Principal Place of Business<br><b>2776 ENTERPRISE RD<br/>ORANGE CITY, FL 32763 US</b>   |  |  | Mailing Address<br><b>397 N BABCOCK STREET<br/>MELBOURNE, FL 32935</b>             |   |  |
| 2. Principal Place of Business  |  | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |  |   |  |
| City & State  |  | City & State   |  |   |  |
| Zip   | Country  | Zip  | Country  | 4. FEI Number<br><b>59-3569073</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |  |  | <b>\$8.75 Additional<br/>Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent   |  |  | 7. Name and Address of New Registered Agent  |   |  |
| <b>TSAMOUTALES, NICHOLAS F<br/>1900 PALM BAY ROAD NE ST G<br/>PALM BAY, FL 32905</b>  |  |  | Name<br><b>Dave Presnick<br/>96 Williard Street, Suite 302<br/>Cocoa, FL 32922</b> |   |  |
|   |  |  | <b>FL</b> 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:   |  |  |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |  |   |  |
| 10. OFFICERS AND DIRECTORS  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                              |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>P<br/>PAK, SAM<br/><del>921 SANDHURST DR.</del><br/>MELBOURNE, FL 32940</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>397 N. Babcock St.<br/>Melbourne, FL 32940</b>                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>D, VP<br/>Mark Salmon<br/>396 N. Harbor City Blvd.<br/>Melbourne, FL 32935</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>DTS<br/>Eun Bee Pak<br/>397 N. Babcock Street<br/>Melbourne, FL 32935</b>      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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:  Date: <b>4/30/04</b> Daytime Phone #:  |  |  |  |   |  |