2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 03, 2004 08:00 AM Secretary of State DOCUMENT # P99000020115 MILE HIGH CLUB, INC. Principal Place of Business Mailing Address 5487 JET PORT INDUSTRIAL BLVD 5487 JET PORT INDUSTRIAL BLVD TAMPA, FL 33634 TAMPA, FL 33634 04282004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3571833 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HODGES, GEOFFREY T DO NOT WRITE 5487 JET PORT INDUSTRIAL BLVD **TAMPA, FL 33634** 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 little it applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME MUSOLINO, FRANK U00000154924 STREET ADDRESS 5487 JET PORT INDUSTRIAL BLVD 05/05/04-80016-011 150.00 CITY-ST-ZIP TAMPA, FL 33634 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME

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:

STREET ADDRESS CITY-SY-ZIP TITI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF S

FILED