2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000022602

Entity Name: MINDS COMBINED INC.

FILED Jul 26, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

132 EAST COLONIAL DRIVE STE 216 ORLANDO, FL 32801

New Mailing Address: Current Mailing Address:

833 SOUTH BREVARD AVENUE 132 EAST COLONIAL DRIVE COCOA BEACH, FL 32931 SUITE 216 ORLANDO, FL 32801

FEI Number: 59-3587819 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SUNDIN, GLENN T WILLIAMS, DAVONE 335 SOUTH PLUMOSA ST 132 EAST COLONIAL DRIVE STE A SUITE 21 MERRITT ISLAND, FL 32952 US ORLANOD, FL 32801 US

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.

SIGNATURE: DAVONE WILLIAMS

07/26/2004 Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CFO () Delete Title: (X) Change () Addition

WILLIAMS, DAVONE Name: Name: WILLIAMS, DAVONE

1720 MINUTEMAN CAUSEWAY 132 EAST COLONIAL DRIVE, STE 216 Address: Address:

City-St-Zip: COCOA BEACH, FL 32931 City-St-Zip: ORLANDO, FL 32801

Title: PS (X) Delete Title: () Change () Addition

Name: MAGUIRE, WILLIAM J Name: 833 SOUTH BREVARD AVENUE Address: Address: COCOA BEACH, FL 32931 City-St-Zip: City-St-Zip:

Title: Title: TVP (X) Delete () Change () Addition

CICCONE, DANA Name: Name: P O BOX 410253 Address: Address: City-St-Zip: MELBOURNE, FL 32941 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVONE WILLIAMS **PRES** 07/26/2004