

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000038396

FILED  
May 01, 2004  
Secretary of State

Entity Name: CAPITAL RESOURCES INTERNATIONAL, INC.

## Current Principal Place of Business:

5029 MUELLER'S LANE  
SAFETY HARBOR, FL 346954819

## New Principal Place of Business:

2519 MCMULLEN BOOT ROAD  
SUITE 510-210  
CLEARWATER, FL 33761 US

## Current Mailing Address:

PO BOX 15132  
CLEARWATER, FL 337665132

## New Mailing Address:

PO BOX 15132  
CLEARWATER, FL 33766 US

FEI Number: 59-3574572

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MASON, ANDREW M  
5029 MUELLER'S LANE  
SAFETY HARBOR, FL 346954819

## Name and Address of New Registered Agent:

MASON, ANDREW M  
PO BOX 15132  
CLEARWATER, FL 33766 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: ANDREW MASON

05/01/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MASON, ANDREW M  
Address: 5029 MUELLER'S LANE  
City-St-Zip: SAFETY HARBOR, FL 346954819

Title: PCEO (X) Delete  
Name: MASON, ANDREW  
Address: 5029 MUEUERS LN  
City-St-Zip: SAFETY HARBOR, FL 34695

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MASON, ANDREW M  
Address: PO BOX 15132  
City-St-Zip: CLEARWATER, FL 33766 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: ANDREW MASON

PRES

05/01/2004

Electronic Signature of Signing Officer or Director

Date