2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P99000040150

Entity Name: CUMM PARTNERS, INC.

Current Principal Place of Business:

1000 S DIXIE HWY
UNIT 4 & 5
POMPANO BEACH, FL 33060

New Principal Place of Business:

3553 NW 10 AVENUE
FT LAUDERDALE, FL 33303

Current Mailing Address:

1000 S DIXIE HWY
UNIT 4 & 5
POMPANO BEACH, FL 33060

New Mailing Address:

3553NW 10 AVENUE
FT LAUDERDALE, FL 33303

FEI Number: 65-0919257 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CUMMINGS, HILDAMAR
272 E WILDWOOD LN
DEERFIELD BEACH, FL 33442 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CUMMINGS, HILDAMAR
Address: 272 E WILDWOOD LN
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D ( ) Delete
Name: CUMMINGS, KEITH
Address: 526 E WILDWOOD LN
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D ( ) Delete
Name: CUMMINGS, HOWARD
Address: 272 E WILDWOOD LN
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D ( ) Delete
Name: CUMMINGS, CHRIS
Address: 1143 SW 9 COURT
City-St-Zip: PEMBROKE PINES, FL 33023

Title: D ( ) Delete
Name: CUMMINGS, PHILLIP
Address: 12103 NW 19 ST
City-St-Zip: FORT LAUDERDALE, FL 33323

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: CUMMINGS, CHRIS
Address: 1534 VER CRUZ LANE
City-St-Zip: WESTON, FL 33323

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: HOWARD CUMMINGS D 04/30/2004

Electronic Signature of Signing Officer or Director — Date