2004 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP

NAME. STREET ADDRESS CRY-ST-ZIP

FILED Mar 29, 2004 08:00 AM Secretary of State DOCUMENT # P99000051260 1. Entire blace CITADEL CONSULTING, INC. Principal Place of Business Mailing Address 1830 N. 48TH AVE 1830 N. 48TH AVE HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 No Chg-P 02162004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0924754 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CLARK, IAN R DO NOT WRITE 1830 N. 48TH AVE. HOLLYWOOD, FL 33021 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 obtigations of registered agent (NOTE, Registered Agent signature required when retristating) Signature, typed or printed name of registered agent and title if applicable DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After Way 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TELLE CLARK, IAN A NAME STREET ADDRESS 1830 N. 48TH AVE. CRY-ST-ZIP HOLLYWOOD, FL 33021 U00000098046 03/29/04-80024-024 150.00 NAME STREET ADDRESS CITY-ST-ZIP BTLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAUJE STREET ADDRESS CITY-ST-ZIP TITLE NAME.

12. If fereby certify that the information supplied with this tilling does not qualify for the exemption stated in Section 119.07(3)(f), 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 outli; 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 files empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR