2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 15, 2004 08:00 AM Secretary of State **DOCUMENT # P99000054320** 1. Entity Name EMBÚRY, INC. Principal Place of Business Mailing Address 500 COCONUT PALM RD. 500 COCONUT PALM RD. VERO BEACH, FL 32963 VERO BEACH, FL 32963 01082004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3586162 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CURTIS, NED MR. DO NOT WRITE 3055 CARDINAL DR., STE. 202 VERO BEACH, FL 32963 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 (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE SCHULTZ, MARGARET F NAME 500 COCONUT PALM RD. STREET ADDRESS VERO BEACH, FL 32963 CITY-ST-ZIP U00000000445n TITLE 01/15/04-80011-020 150.00 NAME STREET ADDRESS CMY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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.

194, 10, 200

Daytime Phone #

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED