


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2004 8:00 am**  
**Secretary of State**

04-13-2004 90035 046 \*\*\*158.75

<b>DOCUMENT # P99000064489</b>	
1. Entity Name <b>ADVANTAGE PLANT DESIGN &amp; LEASING, INC.</b>	

Principal Place of Business <b>768 NORTH NOVA RD. DAYTONA BEACH, FL 32114</b>	Mailing Address <b>768 NORTH NOVA RD. DAYTONA BEACH, FL 32114</b>
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

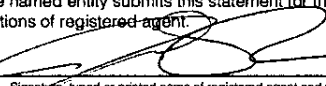


04012004 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3603209</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>POWER, JESSE A. 108 S. PENINSULA AVENUE NEW SMYRNA BEACH, FL 32169</b>	
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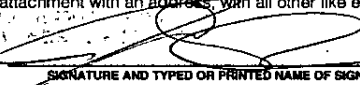
7. Name and Address of New Registered Agent	
Name <b>Power, Jesse A.</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1615 Magnolia St.</b>	
City <b>New Smyrna Beach FL</b>	Zip Code <b>32168</b>

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 	DATE <b>4-1-04</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P POWER, RALPH J 108 S. PENINSULA AVE. NEW SMYRNA BEACH, FL 32169</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V POWER, ALETHA B 108 S. PENINSULA AVE. NEW SMYRNA BEACH, FL 32169</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST CORTESE, BARBARA T 101 N DAYTONA AVENUE FLAGLER BEACH, FL 32136</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O POWER, JEFFREY D 25 AZALEA DR ORMOND BEACH, FL 32176</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O POWER, JESSE A 108 S. PENINSULA AVE. NEW SMYRNA BEACH, FL 32169</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/C Power, Ralph J. 1615 Magnolia St. New Smyrna Beach, FL 32168</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V Power Aletha B. 1615 Magnolia St. New Smyrna Beach, FL 32168</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>O Power, Jeffery D 163 Country Club Dr. Ormond Beach, FL 32176</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Power Jesse A 1615 Magnolia St. New Smyrna Beach, FL 32168</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
SIGNATURE 	DATE <b>4-1-04</b> DAYTIME PHONE # <b>386-566-2038</b>