2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 03, 2004 08:00 AN **Secretary of State DOCUMENT # P99000081706** 1. Entity Name GROUT MASTER INC. Principal Place of Business Mailing Address 5101 CYPRESS CREEK DRIVE 5101 CYPRESS CREEK DRIVE ORLANDO, FL 32811 ORLANDO, FL 32811 04292004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3607534 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BURCH, GARY D DO NOT WRITE 5101 CYPRESS CREEK DRIVE ORLANDO, FL 32811 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 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. **PVST** TITLE BURCH, GARY D NAME U00000148851 U5/03/04-80162-017 150.00 STREET ADDRESS 5101 CYPRESS CREEK DRIVE CHTY-ST-ZIP ORLANDO, FL 32811 TOTALE BURCH, GARY D NAME 5101 CYPRESS CREEK DRIVE STREET ADDRESS COY-ST-ZIP ORLANDO, FL 32811 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE HALLE STREET ADDRESS CMY-ST-ZIP me NAME

12. I hereby certify that the information supplied with this filling 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 with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY - ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407 226-1080

FILED