FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90006 020 ***158.75

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000083788

1. EntityName
PROUDFOOTMOTORCYCLES,INC.

14000831

PrincipalPlaceofBusiness	MailingAddress
4601FOWLERSTREET FORTMYERS,FL33907	4601FOWLERSTREET FORTMYERS,FL33907

01092004 Chg-P CR2E034(10/03)

2. PrincipalPlaceofBusiness		3. MailingAddress	
Suite,Apt.#,etc.		Suite,Apt.#,etc.	
City&State		City&State	
Zip	Country	Zip	Country

4. FEINumber 65-0949258 ☐ AppliedFor ☐ NotApplicable

5. CertificateofStatusDesired ☑ $8.75 Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent	7. NameandAddressofNewRegisteredAgent
KAYUSA,MICHALF POBOX6096 1922VICTORIAAVE FORTMYERS,FL33911	Name StreetAddress (P.O.BoxNumberisNotAcceptable) City FL ZipCode

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,i ntheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenre instating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

10. OFFICERSANDDIRECTORS			11. ADDITIONS/CHANGESTOOFFICERSANDDIRECTORSIN11		
TITLE NAME STREETADDRESS CITY-ST-ZIP	P PROUDFOOT,DONN 845SANCANCOSDR FORTMYERSBEACH,FL33931	☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	845 SAN Carlos DR.	☒ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP	VP CAPNIO,JOE 845SANCANCOSDR FORTMYERSBEACH,FL33931	☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	CAPRIO, JOE 845 SAN Carlos DR.	☒ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. Iherebycertifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedin Section119.07(3)(i),FloridaStatutes.Ifurthercertifythattheinformation indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIamanofficerordirector ofthecorporationorthereceiverortrusteeempoweredtoexecutethisreportasrequiredbyChapter607,FloridaStatutes;and thatmynameappearsinBlock 10orBlock 11if changed,oronanattachmentwith anaddress,withallotherlikeempowered.

SIGNATURE: Joe Caprio 1-9-04 239-931-3111

SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#