2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State
01-12-2004 90006 020 ***158.75

14000831

01092004 Chg-P CR2E034(10/03)

DOCUMENT# P99000083788

1. EntityName
PROUDFOOTMOTORCYCLES,INC.

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

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 P NAME PROUDFOOT,DONN STREETADDRESS 845SANCANCOSDR CITY-ST-ZIP FORTMYERSBEACH,FL33931	☐ Delete	TITLE NAME STREETADDRESS 845 SAN CARLOS DR. CITY-ST-ZIP	☒ Change ☐ Addition
TITLE VP NAME CAPNIO,JOE STREETADDRESS 845SANCANCOSDR CITY-ST-ZIP FORTMYERSBEACH,FL33931	☐ Delete	TITLE NAME CAPRIO, JOE STREETADDRESS 845 SAN CARLOS DR. 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
TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREETADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. Iherebycertifythattheinformationsuppliedwithhisfilingdoesnotqualifyfortheexemptionstatedin Section119.07(3)(i),FloridaStatutes.Ifurthercertifythattheinformation indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIamanofficerordirector ofthecorporationorthereceiver,trusteeempowered toexecutethisreportasrequiredbyChapter607,FloridaStatutes;an dthatmynameappearsinBlock 10orBlock 11if changed,oronanattachmentwith anaddress,withalltherlikeempowered.

SIGNATURE: Joe Caprio 1-9-04 239-931-3117
SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#