2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 16, 2004 08:00 AM Secretary of State **DOCUMENT # P99000084330** STRIKE FORCE PAINTBALL, CORP. Mailing Address Principal Place of Business 15476 NW 77 CT., #625 15476 NW 77 CT., #625 MIAMI LAKES, FL 33016 MIAMI LAKES, FL 33016 04122004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0949399 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ORTEGA, RAUL DO NOT WRITE 5330 E. 6TH AVE. HIALEAH, FL 33013 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) U00000116033 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 04/16/04-80047-018 150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE ORTEGA, RAUL STREET ADDRESS 5330 E. 6TH AVE. CITY-ST-ZIP HIALEAH, FL 33013 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP सक्त IN THIS SPACE NAME STREET ADDRESS CITY -ST - ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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

SIGNATURE: ED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP