
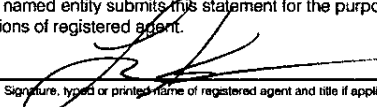
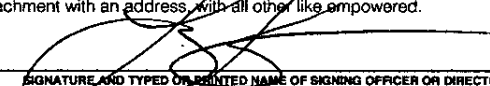


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90034 001 ***150.00

DOCUMENT # P99000086856			
1. Entity Name PAINTBALL WORLD, INC.			
Principal Place of Business 3445 VINELAND ROAD ORLANDO, FL 32811		Mailing Address 3445 VINELAND ROAD ORLANDO, FL 32811	
2. Principal Place of Business 7432 STATE RD 50 Suite, Apt. #, etc. St 12 City & State Groveland, FL		3. Mailing Address Same Suite, Apt. #, etc. City & State	
Zip 34736	Country LAKE	Zip	Country
4. FEI Number 59-3605138		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KING, LARRY 114 E COTTESMARE CIRCLE LONGWOOD, FL 32779		7. Name and Address of New Registered Agent Name LARRY KING Street Address (P.O. Box Number is Not Acceptable) 114 E. COTTESMARE Cir City Longwood FL Zip Code 32779	
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 2/11/04	
<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, LARRY 3445 VINELAND ROAD ORLANDO, FL 32811 <i>7432 ST RD 50 ST 12 Groveland, FL 34736</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: 2/11/04 Daytime Phone #: 352 929 0105	

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02112004 Chg-P CR2E034 (10/03)