2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 26, 2004 08:00 AM Secretary of State **DOCUMENT # P99000096702** YANKEE PEDDLER INVESTMENT CORPORATION Principal Place of Business Mailing Address 12174 US HIGHWAY 1 12174 US HIGHWAY 1 JUNO BEACH, FL 33408 JUNO BEACH, FL 33408 No Chg-P CR2E034 (10/03) 01182004 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0960783 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent STERNITZKE, CAROL DO NOT WRITE 12174 US HIGHWAY 1 JUNO BEACH, FL 33408 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE TARPLEE, MARGARET NAME 12174 US HIGHWAY 1 STREET ADDRESS U00000129809 JUNO BEACH, FL 33408 CITY-ST-ZIP 04/26/04-80093-003 150.00 TITLE STERNITZKE, CAROL NAME STREET ADDRESS 12174 US HIGHWAY 1 CITY-SI-7IP JUNO BEACH, FL 33408 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does for 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 of the receiver or true 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 alternative with an address, with all other like empowered.

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED