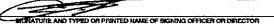
2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 19, 2004 08:00 AM Secretary of State **DOCUMENT # S27910** EAST HOOGEWERFF, INC. Principal Place of Business Mailing Address 4104 W LINEBAUGH AVE 4104 W LINEBAUGH AVE #201 #201 TAMPA, FL 33624 TAMPA, FL 33624 No Chg-P CR2E034 (10/03) 02272004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3078385 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DAMMERS, ROBERT J. DO NOT WRITE 4104 W LINEBAUGH AVE STE 201 TAMPA, FL 33624 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 this if applicable. INOTE Registered Agent algoriture required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 U00000120415 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TELLE NAME DAMMERS, RJ 4104 W LINEBAUGH AVE STE 201 STREET ADDRESS CRY-ST-ZIP **TAMPA, FL 33624** TITLE D LAVEROCK, AH NAME 4104 W LINEBAUGH AVE STE 201 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33624 NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADORESS CRY-57-ZIP RRF NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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: ∠

TITLE
NAME
STREET ADDRESS
COTY-ST-7P



2/27/04

Devime Phone #

FILED