2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004
Secretary of State

DOCUMENT# S30908

Entity Name: OLSON FOLDING MACHINES, INC.

Current Principal Place of Business:

6221 BANYAN TER
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

6221 BANYAN TER
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 65-0242028 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCGONIGLE, JAMES T.
6221 BANYAN TER
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DVP ( ) Delete
Name: OLSON, RAYMOND,
Address: 954 SE 9TH AVE
City-St-Zip: POMPANO BEACH, FL

Title: DS ( ) Delete
Name: BUTLER, ILONA
Address: 4961 SW 12 ST
City-St-Zip: MARGATE, FL 33010

Title: DP ( ) Delete
Name: MCGONIGLE, JAMES T
Address: 6221 BANYAN TERR
City-St-Zip: PLAN, FL 33317

Title: DVP ( ) Delete
Name: OLSON, TROY
Address: 2305 NW 89TH DR UNIT 713
City-St-Zip: CORAL SPGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change ( ) Addition
Name: BUTLER, ILONA
Address: 4961 SW 12 ST
City-St-Zip: MARGATE, FL 33068

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ILONA BUTLER DS 04/07/2004

Electronic Signature of Signing Officer or Director — Date