2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 14, 2004 8:00 am Secretary of State DOCUMENT # \$47189 1. Entity Name 04-14-2004 90029 021 ***150.00 ORLANDO'S SECRET JEWELERS, INC. Principal Place of Business Mailing Address 1829 SW 434 LONGWOOD FL 32750 1829 SW 434 LONGWOOD FL 32750 540333335 2. Principal Place of Business 1829 - 5. R · 434 3. Mailing Address Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3065979 Not Applicable Country \$8.75 Additional SEMINOLE 5. Certificate of Status Desired 3275° Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REDMOND, JEANIE A. 1829 W. S.R. 434 Street Address (P.O. Box Number is Not Acceptable) LONGWOOD FL 32750 City Zip Code 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. unoud JEANIE REDMOND (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE □ Delete Change ☐ Addition NAME REDMOND, WILLIAM NAME STREET ADDRESS 442 HOMER AVENUE STREET ADDRESS LONGWOOD FL 32750 CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME REDMOND, JEANIE A. NAME STREET ADDRESS 442 HOMER AVENUE STREET ADDRESS CITY-ST-ZIP LONGWOOD FL 32750 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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

JEANIE REDMOND

FILED