2004 FOR PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: 4

May 04, 2004 08:00 AM. Secretary of State DOCUMENT # S48782 1. Entity Name BOSWORTH INTERNATIONAL, INC. Mailing Address Principal Place of Business 6401 CONGRESS AVE. 6401 CONGRESS AVE. STE. #140 STE. #140 BOCA RATON, FL 33487 BOCA RATON, FL 33487 No Chg-P CR2E034 (10/03) 04262004 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0283473 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent ROSENTHAL, JEFFREY H. DO NOT WRITE 7000 W PALMETTO PARK ROAD BOCA RATON, FL 33433 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 U00000158131 05/03/04-80064-018 150.00 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME BOSWORTH, WARREN 6401 CONGRESS AVE. #140 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TIBLE

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.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED