


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90379 014 ***158.75


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| DOCUMENT # S58286 |  |
| 1. Entity Name DURO DYNE SOUTHEAST CORP. | |

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| Principal Place of Business 7416 WEEPING WILLOW BLVD SARASOTA, FL 34241 | Mailing Address DURO DYNE CORP. 81 SPENCE STREET BAY SHORE, NY 11706 US |
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| 2. Principal Place of Business 1616 Atlantic Blvd. | 3. Mailing Address |
| Suite, Apt. #, etc. # 2 | Suite, Apt. #, etc. |

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|-------------------------------------|-----------------------|
| City & State Key West, FL | City & State |
| Zip 33040 | Country USA |

14005037

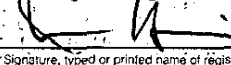


03222004 Chg-P CR2E034 (10/03)

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| 6. Name and Address of Current Registered Agent ANDERSON, KENT J ESQ 8075 S BENEVA RD SUITE 6 SARASOTA, FL 34238 | |
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| 7. Name and Address of New Registered Agent Name Irene Hinden Street Address (P.O. Box Number is Not Acceptable) 1616 Atlantic Blvd # 2 City Key West FL Zip Code 33040 | |
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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.

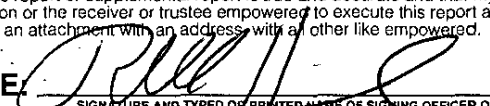
SIGNATURE  DATE **4/15/04**

(NOTE: Registered Agent Signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HINDEN, BERNARD 7002 BLVD EAST APT 43A GUTTENBERG, N J. <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HINDEN, RANDALL 2883 BAY DR MERRICK, NY <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 changed, or on an attachment with an address with a other like empowered.

SIGNATURE  **Randall Hinden** 3/23/04 631-249-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #