

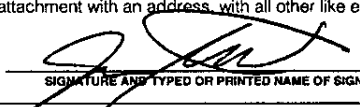


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2004 8:00 am
Secretary of State

05-21-2004 90012 001 ***300.00

DOCUMENT # S63494 1. Entity Name GREAT AMERICAN VENDING, INCORPORATED					
Principal Place of Business 10337 N COMMERCE PKWY MIRAMAR, FL 33025			Mailing Address 1265 BELMONT STREET SUITE 2 BROCKTON, MA 02301		
2. Principal Place of Business 3421 Enterprise Way Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Miramar FL		City & State _____		4. FEI Number 65-0275642	
Zip 33025		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE-NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOs GLADNEY, JAMES 1265 BELMONT STREET, SUITE 2 BROCKTON, MA 02301 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/CFO JAMES O'CONNOR 1265 BELMONT ST., SUITE TWO BROCKTON, MA 02301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRUNO, MARK A 1265 BELMONT STREET, SUITE 2 BROCKTON, MA 02301 <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	CFOT POPEO, WILLIAM G 1265 BELMONT STREET, SUITE 2 BROCKTON, MA 02301 <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	VPAS TRUSLOW, JAMES L 1265 BELMONT STREET, SUITE 2 BROCKTON, MA 02301 <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	D GLADNEY, JAMES S 1265 BELMONT STREET, SUITE 2 BROCKTON, MA 02111 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Michael Nugent 1265 Belmont St. Suite Two Brockton, MA 02301 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUNO, MARK A 1265 BELMONT STREET, SUITE 2 BROCKTON, MA 02111 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 all other like empowered.					
SIGNATURE: 		James L. Truslow Secretary		5/11/04 (508) 559-9000 ext. 106 <small>Date Daytime Phone #</small>	