2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2004 8:00 am
Secretary of State
08-16-2004 90016 050 ***550.00

44052001

DOCUMENT # V11721

1. Entity Name
STIMULUS, INC.

Principal Place of Business	Mailing Address
30 FARMVIEW ROAD WINDHAM, ME 04602 US	30 FARMVIEW ROAD WINDHAM, ME 04602 US

2. Principal Place of Business	3. Mailing Address
17420 SW 266 TERRACE	17420 SW 266 Terrace
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOMESTEAD, FL	City & State: HOMESTEAD, FL
Zip: 33031 Country: USA	Zip: 33031 Country: USA

08032004 Chg-P CR2E034 (10/03)

4. FEI Number: 65-0324965 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GALLINAR, PEDRO H
6701 SUNSET DR
SUITE 100
MIAMI, FL 33143

7. Name and Address of New Registered Agent

Name: NORA SALAZAR
Street Address (P.O. Box Number is Not Acceptable): 17420 SW 266 Terrace
City: HOMESTEAD FL Zip Code: 33031

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 [signature] — Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE: 8-3-04

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P SALAZAR, NORA 30 FARMVIEW ROAD WINDHAM, ME 04602	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Salazar, NORA 17420 SW 266 Terrace HOMESTEAD, FL 33031	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] NORA SALAZAR — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 8-03-04 Daytime Phone #: 305-245-1670