2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 26, 2004 8:00 am Secretary of State DOCUMENT # V15929 1. Entity Name 04-26-2004 90999 004 ***150.00 SHALCO INTERNATIONAL MARKETING, INC. Principal Place of Business Mailing Address 3703 BAYVIEW AVENUE N.W. 3703 BAYVIEW AVENUE N.W. ST. JAMES CITY FL 33956 ST. JAMES CITY FL 33956 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE City & State 4. FEI Number Applied For City & State 65-0316735 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHALLBETTER, ALBERT Street Address (P.O. Box Number is Not Acceptable) 3703 BAYVIEW AVENUE N.W. ST. JAMES CITY FL 33956 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTD ☐ Change ☐ Addition TITLE ☐ Delete TITLE SHALLBETTER, ALBERT NAME NAME 3703 BAYVIEW AVENUE NW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. JAMES CITY FL CITY-ST-ZIP VSD Delete ☐ Change Addition TITLE NAME SHALLBETTER, MARLYS NAME 3703 BAYVIEW AVENUE NW STREET ADDRESS STREET ADDRESS ST. JAMES CITY FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

with all other like empowered

changed, or on an attachment with an address

FILED