

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2004 8:00 am**  
**Secretary of State**

03-23-2004 90007 041 \*\*\*150.00

<b>DOCUMENT # V35259</b> 1. Entity Name <b>THE PROCESS, INC.</b>			
Principal Place of Business <b>5820 N. FEDERAL HWY., #3D BOCA RATON, FL 33431 US</b>		Mailing Address <b>5820 N. FEDERAL HWY., #3D BOCA RATON, FL 33431 US</b>	
2. Principal Place of Business <b>301 Crawford Blvd</b> Suite, Apt. #, etc. <b>103</b>		3. Mailing Address <b>301 Crawford Blvd</b> Suite, Apt. #, etc. <b>103</b>	
City & State <b>Boca Raton, FL</b> Zip <b>33432</b>		City & State <b>Boca Raton, FL</b> Zip <b>33432</b>	
Country <b>Palm Beach</b>		Country <b>Palm Beach</b>	
4. FEI Number <b>65-0481156</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>AUGUSTA, SCHILDER 4101 N. OCEAN BLVD., APT D1406 BOCA RATON, FL 33431</b>		7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>✓ Address Change</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE P NAME SILVER, SHERRI J STREET ADDRESS 5820 N FEDERAL HWY 3D CITY-ST-ZIP BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE P NAME Silver Reed, Sherrj J STREET ADDRESS 301 Crawford Blvd suite 103 CITY-ST-ZIP Boca Raton, FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME REED, THOMAS K STREET ADDRESS 7941 TEXAS TR CITY-ST-ZIP BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE V.P. NAME Reed, Thomas K STREET ADDRESS 301 Crawford Blvd suite 103 CITY-ST-ZIP Boca Raton, FL 33432	<input checked="" 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
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
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
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.			
<b>SIGNATURE:</b> <u>Sherrj Silver Reed</u> <b>Sherrj Silver Reed</b> <b>3/10/04</b> <b>561-361-1978</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			