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

Feb 16, 2004 8:00 am **Secretary of State** DOCUMENT # V45621 1. Entity Name 02-16-2004 90031 032 ***150.00 DENISON FINANCIAL SERVICES, INC. Principal Place of Business Mailing Address 143 YACHT CLUB DR #6 143 YACHT CLUB DR #6 NORTH PALM BEACH FL 33408 HIALEAH FL 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State 4. FEI Number Applied For City & State 65-0343171 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DENISON, DORIS Street Address (P.O. Box Number is Not Acceptable) 1434 YACHT CLUB DR. #6 N. PALM BEACH FL 33408 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. Tam familiar with 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) 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. DP TITLE TITLE ☐ Change ☐ Addition Delete DENISON, DORIS NAME NAME STREET ADDRESS 143 YACHT CLUB DR #6 STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH FL 33408 CITY-ST-ZIP Change Change TITLE ☐ Delete TITLE Addition Denison, William Patrick DENISON, WILLIAM PATRICK NAME NAME 12146 186th Street N 12919 169 CT N STREET ADDRESS STREET ADDRESS Jupiter FL 33478 CITY-ST-ZIP JUPITER FL CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition Denison, hori W. DENISON, LORI W. NAME NAME ~ 12144 186th Street N STREET ADDRESS 12919 169 CT N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL Jupiter FL 33478 ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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

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changed, or on an attachment with an address, with all other like empowered SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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