

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT


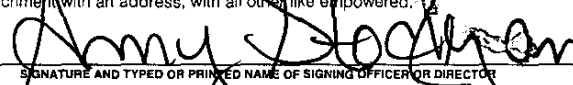
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07222004 Chg-P CR2E034 (10/03)

|   |   |   |  |   |  |
|---|---|---|--|---|--|
| DOCUMENT # V54414   |   |   |  |          |  |
| 1. Entity Name<br>FIRST FINANCIAL SURVEYORS, INC.   |   |   |  |   |  |
| Principal Place of Business<br>950 SOUTHWINTER PARK DR.<br>SUITE 230<br>CASSELBERRY, FL 32707 US  |   |   | Mailing Address<br>950 SOUTHWINTER PARK DR.<br>SUITE 230<br>CASSELBERRY, FL 32707 US   |   |  |
| 2. Principal Place of Business  |   |   | 3. Mailing Address   |   |  |
| Suite, Apt. #, etc.   |   |   | Suite, Apt. #, etc.  |   |  |
| City & State  |   |   | City & State   |   |  |
| Zip   | Country   | Zip   | Country  | 4. FEI Number<br>65-0351258   |  |
|   |   |   |  | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |   |  | \$8.75 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><br>BERGER, ALAN<br>8603 S. DIXIE HIGHWAY<br>MIAMI, FL 33156   |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |   |  |   |  |
| Amended AR is \$61.25   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |  |   |  |
| 10. OFFICERS AND DIRECTORS  |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>KAYTON, MARK<br>790 E. COLORADO BLVD<br>PASADENA, CA 91101     | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>Amy Stockman<br>950 S. Winter Park Drive, Suite 230<br>Casselberry, FL 32707         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br>KAYTON, MATTHEW<br>790 E. COLORADO BLVD<br>PASADENA, CA 91101 | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>Frank J. Laisch III<br>950 S. Winter Park Drive, Suite 230<br>Casselberry, FL 32707 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>Carl Smith<br>950 S. Winter Park Drive, Suite 230<br>Casselberry, FL 32707          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | 700039738267<br>07/30/04--01064--005 **\$1.25   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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:   |   |   | Date: _____<br>Daytime Phone #: 800-787-8266   |   |  |