2004 FOR PROFIT CORPORATION

MAME STREET ADDRESS CITY-ST-ZIP

FILED ANNUAL REPORT Mar 25, 2004 08:00 AM Secretary of State DOCUMENT # V55558 1. Entity Name UNIQUE GLOVEBAGS, INC. Principal Place of Business Mailing Address 4889 SW GOLFSIDE DRIVE 4889 SW GOLFSIDE DRIVE PALM CITY, FL 34990 PALM CITY, FL 34990 03222004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0357153 Not Applicat **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NEWMAN, EUGENE E DO NOT WRITE 4889 SW GOLFSIDE DR PALM CITY, FL 34990 IN THIS SPACE 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 access 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution, Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE U00000096295 03/25/04-80025-004 150.00 NAME NEWMAN, EUGENE E STREET ADDRESS 4889 SW GOLFSIDE DRIVE CITY-ST-ZIP PALM CITY, FL TITLE NAME NATALE, ANTHONY STREET ADDRESS 4889 SW GOLFSIDE DRIVE CITY-ST-ZIP PALM CITY, FL ST TITLE NATALE, TOM NAME STREET ADDRESS 4889 SW GOLFSIDE DRIVE DO NOT WRITE CITY-ST-ZIP PALM CITY, FL TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

les 3-22-2004 172-221-8946