



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 112000		2. Name of Corporation We're Ready to Assemble, Inc.			
3. Street Address Principal Business Office 2201 Royal Ln., Ste. 230			City Irving	State Texas	Zip 75063
4. Business Phone No.		5. State of Incorporation DELAWARE			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island RETAIL SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Richard J. D'Amico			Vice President Name		
Street Address 2201 Royal Ln., Ste. 230			Street Address		
City Irving	State Texas	Zip 75063	City	State	Zip
Secretary Name Richard J. D'Amico			Treasurer Name Patrick McColpin		
Street Address 2201 Royal Ln., Ste. 230			Street Address 2201 Royal Ln., Ste. 230		
City Irving	State Texas	Zip 75063	City Irving	State Texas	Zip 75063
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Richard J. D'Amico			Director Name		
Street Address 2201 Royal Ln., Ste. 230			Street Address		
City Irving	State Texas	Zip 75063	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	COMM	\$0.01	100		\$0.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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File Date: **4/28/04**
Check No.: **4419**
By: **OS**
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: **Richard J. D'Amico, President**
Date: **1/20/04**
Print or Type Name of Officer: **Richard J. D'Amico**
Title of Officer: **President**