


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 08:00 AM
Secretary of State

DOCUMENT # 719954
 1. Entity Name
 PRIDE INTEGRATED SERVICES, INC.



Principal Place of Business 1310 N. CONGRESS AVENUE SUITE #200 WEST PALM BEACH, FL 33409	Mailing Address 1310 N. CONGRESS AVENUE SUITE #200 WEST PALM BEACH, FL 33409
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05202004 No Chg-NP CR2E037 (10/03)

4. FEI Number 23-7098114	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CONSIDINE, JOSEPH M
 515 N. FLAGLER DR. #702
 WEST PALM BEACH, FL 33401

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HERTER, GAREY 5601 CORPORATE WAY 320 WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEORGE, MIM MS. 421 3RD STREET WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGREEVEY, PATRICK 421 3RD STREET WEST PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO POTTER, JOHN 1897 PALM BEACH LAKES BLVD. WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO FERRILL, MAUREEN 1310 N. CONGRESS AVENUE - SUITE 200 WEST PALM BEACH, FL 33409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000001S1280
 05/24/04-80001-006 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: John M Potter CFO 5/20/04 561-6284-2370
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #