## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F97000006878

Entity Name: APPLIED DIGITAL SOLUTIONS, INC.

FILED Aug 12, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
SUITE 200	NGRESS AVE EACH, FL 334	45					
Current Mailing Address:				New Mailing Address:			
SUITE 200	NGRESS AVE EACH, FL 334	45 US					
FEI Number: 4	13-1641533	FEI Number Applied For	·() FEI Nui	mber Not Appl	icable ( )	Certificate of Status Desire	ed ( )
Name and	Address of Cu	ırrent Registered Ag	ent:	Name and	Address of	New Registered Agent:	
SUITE 200 DELRAY BE	NĞRESS AVE EACH, FL 334						
The above r in the State		ıbmits this statement f	or the purpose o	of changing i	ts registered	I office or registered agent,	or both,
SIGNATUR							
	Electronic	Signature of Registe	red Agent			Date	
Election Cam		2)(b), F.S., the corporation Trust Fund Contribution ORS:		•		S TO OFFICERS AND DIE	RECTORS:
Title: Name: Address: City-St-Zip:	LANGSFORD, KA	ESS AVE; SUITE 200		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	KRAWITZ, MICH	ESS AVE; SUITE 200		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MCLAUGHLIN, K	ESS AVE; SUITE 200		Title: Name: Address: City-St-Zip:	MCKEOWN, 1690 S. CON	(X) Change ( ) Addition EVAN IGRESS AVE; SUITE 200 ACH, FL 33445	
Title: Name: Address: City-St-Zip:	PENNI, DANIEL I	ESS AVE; SUITE 200		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	RAWAN, DENNIS	ESS AVE; SUITE 200		Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	SILVERMAN, SC	ESS AVE; SUITE 200		Title: Name: Address: City-St-Zip:	SILVERMAN, 1690 S. CON	(X) Change () Addition , SCOTT IGRESS AVE; SUITE 200 ACH, FL 33445	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVAN MCKEOWN T 08/12/2005