


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # G72454
 1. Entity Name
 GEOSYNTEC CONSULTANTS, INC.



Principal Place of Business Mailing Address
 ONE PARK PLACE ONE PARK PLACE
 621 N.W. 53RD STREET STE 650 621 N.W. 53RD STREET STE 650
 BOCA RATON, FL 33487 US BOCA RATON, FL 33487 US

DO NOT WRITE IN THIS SPACE



03312004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-2355134 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PEEL, THOMAS A
 621 N.W. 53RD STREET
 SUITE 650
 BOCA RATON, FL 33487

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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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

000000107473
 04/09/04-30018-003 158.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SANGLERAT, THIERRY 339 CANAL ST. NEWPORT BEACH, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DAVIES, R. NEIL 1100 LAKE HEARN DRIVE ATLANTA, GA 30342
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LUCIA, PATRICK 1112 KAITLIN PLACE CONCORD, CA 94518
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BONAPARTE, RUDOLPH 3861 BYRNWYCK PLACE ATLANTA, GA 30319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEECH, JOHN F 3975 CHESSON CT ATLANTA, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEEL, THOMAS A 7391 NE 8TH COURT BOCA RATON, FL 33487

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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 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:  **4/1/04** **561.995-0900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #