


**2004 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # L15187</b>	
1. Entity Name <b>OPENLIMIT, INC.</b>	

Principal Place of Business <b>7695 SW 104 STREET SUITE 210 MIAMI, FL 33156</b>	Mailing Address <b>1177 WEST HASTINGS STREET STE 1818 VANCOUVER, BC V6E2K3 CAN</b>
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**24011807**



2. Principal Place of Business <b>ZUGERSTRASSE</b> Suite, Apt. #, etc. <b>76B</b>	3. Mailing Address <b>ZUGERSTRASSE</b> Suite, Apt. #, etc. <b>76B</b>
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01292004 Chg-P CR2E034 (10/03)

City & State <b>BAAR</b>	City & State <b>BAAR</b>	4. FEI Number <b>65-0208102</b>	Applied For Not Applicable
Zip <b>6340</b>	Country <b>SWITZERLAND</b>	Zip <b>6340</b>	Country <b>SWITZERLAND</b>

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>
<b>LITTMAN, ERIC P 7695 SW 104 STREET SUITE 210 MIAMI, FL 33156</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City <b>FL</b> Zip Code

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)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Delete
NAME <b>COCCARO, NORA</b>	
STREET ADDRESS <b>Y</b>	
CITY-ST-ZIP <b>VANCOUVER, BC-V6E2K3Y</b>	
TITLE <b>CEO &amp; DIRECTOR P&amp;D</b>	<input type="checkbox"/> Delete
NAME <b>HENRY DATTLER</b>	
STREET ADDRESS <b>ZUGERSTRASSE 76B</b>	
CITY-ST-ZIP <b>BAAR, SWITZERLAND 6340</b>	
TITLE <b>CFO &amp; DIRECTOR T&amp;D</b>	<input type="checkbox"/> Delete
NAME <b>JOSEF METTLER</b>	
STREET ADDRESS <b>ZUGERSTRASSE 76B</b>	
CITY-ST-ZIP <b>BAAR, SWITZERLAND 6340</b>	
TITLE <b>DIRECTOR D</b>	<input type="checkbox"/> Delete
NAME <b>BEAT BAER</b>	
STREET ADDRESS <b>ZUGERSTRASSE 76B</b>	
CITY-ST-ZIP <b>BAAR, SWITZERLAND 6340</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.

**SIGNATURE:** Henry Dattler **HENRY DATTLER** **FEBRUARY 12, 2004**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #