

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000110564

Entity Name: TECHNOTE AMERICA, INC.

FILED  
Feb 16, 2004  
Secretary of State

**Current Principal Place of Business:**

2220 US HWY 19  
HOLIDAY, FL 34691 US

**New Principal Place of Business:**

5324 56TH COMMERCE PARK BLVD  
TAMPA, FL 33610 US

**Current Mailing Address:**

2220 US HWY 19  
HOLIDAY, FL 34691 US

**New Mailing Address:**

5324 56TH COMMERCE PARK BLVD  
TAMPA, FL 33610 US

FEI Number: 51-0436573      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ROBINSON, SIMON  
2220 US HWY 19  
HOLIDAY, FL 34691

**Name and Address of New Registered Agent:**

ROBINSON, SIMON  
121 KIANA DRIVE  
BRANDON, FL 33511

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

02/16/2004

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SMITH, TONY  
Address: STEELO,EATON SOCON  
City-St-Zip: ST NEOTS, CAMBRIDGESHIRE ENG,

Title: VP ( ) Delete  
Name: ROBINSON, SIMON  
Address: 2220 US HWY 19  
City-St-Zip: HOLIDAY, FL 34691

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SMITH, TONY  
Address: 5324 56TH COMMERCE PARK BLVD  
City-St-Zip: TAMPA, FL 33610

Title: VP (X) Change ( ) Addition  
Name: ROBINSON, SIMON  
Address: 121 KIANA DRIVE  
City-St-Zip: BRANDON, FL 33511

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: SIMON ROBINSON

Electronic Signature of Signing Officer or Director

VP

02/16/2004

Date