2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005
Secretary of State

DOCUMENT# P03000003245

Entity Name: CISSR TECHNOLOGIES, INC.

Current Principal Place of Business:

3232 COVE BEND DRIVE
TAMPA, FL 33613 US

New Principal Place of Business:

7821 N. DALE MABRY HWY
SUITE 208
TAMPA, FL 33614 US

Current Mailing Address:

3232 COVE BEND DRIVE
TAMPA, FL 33613 US

New Mailing Address:

7821 N. DALE MABRY HWY
SUITE 208
TAMPA, FL 33614 US

FEI Number: 04-3733248 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DODD, CHARLES E
2512 SILVER MOSS DRIVE
WESLEY CHAPEL, FL 33543 US

Name and Address of New Registered Agent:

DODD, CHARLES E
22709 NEFF COURT
LAND O LAKES, FL 34639 US

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: _____ 04/25/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DODD, CHARLES E
Address: 2512 SILVER MOSS DRIVE
City-St-Zip: WESTLEY CHAPEL, FL 33543 US

Title: STD (X) Delete
Name: SMYSER, MICHAEL
Address: 3228 SAGO POINT COURT
City-St-Zip: LAND O'LAKES, FL 346396779

Title: VD ( ) Delete
Name: HAYDEN, THOMAS A
Address: 14905 ARBOR SPRINGS CIRCLE
City-St-Zip: TAMPA, FL 33624

Title: D ( ) Delete
Name: HINES, NORMAN H P.L.
Address: 315 S. HYDE PK AVENUE
City-St-Zip: TAMPA, FL 33606

Title: D ( ) Delete
Name: CRABB, H.G.
Address: 6367 CONNIEWOOD SQUARE
City-St-Zip: NEW PORT RICHEY, FL 34653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DODD, CHARLES E
Address: 22709 NEFF COURT
City-St-Zip: LAND O LAKES, FL 34639 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: HAYDEN, THOMAS A
Address: 14905 ARBOR SPRINGS CIRCLE APT 203
City-St-Zip: TAMPA, FL 33624

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: THOMAS HAYDEN VD 04/25/2005
Electronic Signature of Signing Officer or Director — Date