

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000009870

**FILED  
Apr 29, 2005  
Secretary of State**

**Entity Name:** CORDATE, INC.

**Current Principal Place of Business:**

8411 FOREST HILLS DR, STE 204  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

8411 FOREST HILLS DR, STE 204  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

MORARITY, WILLIAM  
8411 FOREST HILLS DR, STE 204  
CORAL SPRINGS, FL 33065 US

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

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

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MORARITY, WILLIAM  
Address: 8411 FOREST HILLS DR, STE 204  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D ( ) Delete  
Name: SANTILLI, JAMES  
Address: 602 NW WAVERLY CIR  
City-St-Zip: PORT ST LUCIE, FL 34983

Title: D ( ) Delete  
Name: TAYLOR, DAVID  
Address: 3770 NW 100 AVE  
City-St-Zip: CORAL SPRINGS, FL 33071

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

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

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: WILLIAM MORARITY

D

04/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date