

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000041288

**FILED**  
**Mar 31, 2004**  
**Secretary of State**

**Entity Name:** CONNECT SYSTEMS U.S.A., INC.

**Current Principal Place of Business:**

14007 GASPARILLA ISLE DRIVE  
ORLANDO, FL 32824 US

**New Principal Place of Business:**

**Current Mailing Address:**

14007 GASPARILLA ISLE DRIVE  
344  
ORLANDO, FL 32824 US

**New Mailing Address:**

14007 GASPARILLA ISLE DRIVE  
ORLANDO, FL 32824 US

**FEI Number:** 59-3379523

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAVIGNE, JAMES R  
5401 S KIRKMAN RD, SUITE 500  
ORLANDO, FL 32819 US

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

DOVER, MICHAEL H  
14007 GASPARILLA ISLE DR.  
ORLANDO, FL 32824 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: MICHAEL H. DOVER

03/31/2004

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DOVER, MICHAEL  
Address: 14007 GASPARILLA ISLE DRIVE  
City-St-Zip: ORLANDO, FL 32824

Title: D ( ) Delete  
Name: DOVER, VERA  
Address: 14007 GASPARILLA ISLE DRIVE  
City-St-Zip: ORLANDO, FL 32824

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

Title: D (X) Change ( ) Addition  
Name: DOVER, MICHAEL H  
Address: 14007 GASPARILLA ISLE DRIVE  
City-St-Zip: ORLANDO, FL 32824

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: MICHAEL H. DOVER

D

03/31/2004

Electronic Signature of Signing Officer or Director

Date