2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 31, 2006
Secretary of State

DOCUMENT# 639733

Entity Name: BI-SQUARE, INC.

Current Principal Place of Business:

435 S. COUNTRY CLUB BLVD.
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

435 S. COUNTRY CLUB BLVD.
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 59-1939242 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GASPARRI, ANGELO S.
435 COUNTRY CLUB BLVD.
BOCA RATON, FL 33487 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BENSON, BARBARA
Address: 6483 W TORRINGTON CT.
City-St-Zip: CRYSTAL RIVER, FL 344299386

Title: PDS ( ) Delete
Name: GASPARRI, ANGELO,
Address: 435 S. COUNTRY CLUB BLVD.
City-St-Zip: BOCA RATON, FL 33487

Title: D ( ) Delete
Name: RUSSELL, JEAN,
Address: 30 HALLOCK RD.
City-St-Zip: EAST QUOGUE, NY 11942

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: GASPARRI, RITA A
Address: 435 S. COUNTRY CLUB BLVD
City-St-Zip: BOCA RATON, FL 33487

Title: PDS (X) Change ( ) Addition
Name: GASPARRI, ANGELO S,
Address: 435 S. COUNTRY CLUB BLVD.
City-St-Zip: BOCA RATON, FL 33487

Title: D (X) Change ( ) Addition
Name: GASPARRI, ANGELO A.,
Address: 269 NW 64 TH STREET
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ANGELO S. GASPARRI PDS 08/31/2006

Electronic Signature of Signing Officer or Director — Date