
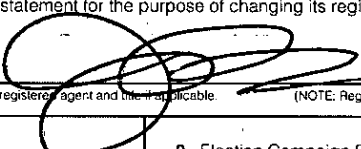
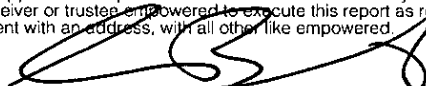


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91241 016 ***150.00

DOCUMENT # F00000002092 1. Entity Name PRIMED TECHNOLOGIES, INC.			
Principal Place of Business 350 NW 12TH AVENUE SUITE 150 DEERFIELD BEACH, FL 33442		Mailing Address 350 NW 12TH AVENUE SUITE 150 DEERFIELD BEACH, FL 33442	
2. Principal Place of Business 350 Jim Moran Blvd Suite 150 Deerfield Beach FL 33442		3. Mailing Address 350 Jim Moran Blvd Suite 150 Deerfield Beach FL 33442	
4. FEI Number 65-0969433		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04292004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent BROVENICK, EVAN 350 NW 12TH AVENUE SUITE 150 DEERFIELD BEACH, FL 33442		7. Name and Address of New Registered Agent Name Jonathan Bloom Esq Street Address (P.O. Box Number is Not Acceptable) Bloom Ballen and Freeling 2295 NW Corporate Blvd Ste 117 City Boca Raton FL 33431	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 4/29/04 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROVENICK, EVAN R 350 NW 12TH AVENUE, SUITE 150 DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	350 Jim Moran Blvd <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T BLECHMAN, DAVID J 350 NW 12TH AVENUE, SUITE 150 DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	350 Jim Moran Blvd <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #