


**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, Apt. #, etc.  
 Suite 150  
 City & State  
 Deerfield Beach FL  
 Zip  
 33442 Country

3. Mailing Address  
 350 Jim Moran Blvd  
 Suite, Apt. #, etc.  
 Suite 150  
 City & State  
 Deerfield Beach FL  
 Zip  
 33442 Country



04292004 Chg-P CR2E034 (10/03)

4. FEI Number  
 65-0969433 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

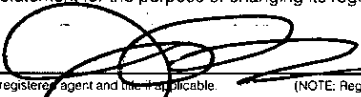
BROVENICK, EVAN  
 350 NW 12TH AVENUE  
 SUITE 150  
 DEERFIELD BEACH, FL 33442

7. Name and Address of New Registered Agent

Name  
 Jonathan Bloom, Esq

Street Address (P.O. Box Number is Not Acceptable)  
 Bloom Ballen and Freeeling  
 2295 NW Corporate Blvd Ste 117  
 City Boca Raton FL Zip Code 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

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	BROVENICK, EVAN R	350 NW 12TH AVENUE, SUITE 150	DEERFIELD BEACH, FL 33442	<input type="checkbox"/>
V/T	BLECHMAN, DAVID J	350 NW 12TH AVENUE, SUITE 150	DEERFIELD BEACH, FL 33442	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		350 Jim Moran Blvd		<input checked="" type="checkbox"/>	<input type="checkbox"/>
		350 Jim Moran Blvd		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 # \_\_\_\_\_