
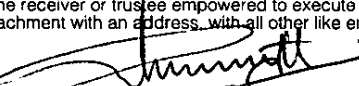


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90040 049 ***550.00

DOCUMENT # F00000002112 1. Entity Name XYBASE, INC.			
Principal Place of Business 6400 CONGRESS AVENUE SUITE 2750 BOCA RATON, FL 33487 US		Mailing Address 6400 CONGRESS AVENUE SUITE 2750 BOCA RATON, FL 33487 US	
2. Principal Place of Business 8 Faneuil Hall Marketplace Suite, Apt. #, etc. #404 3rd Floor City & State Boston, Ma Zip 02109 Country U.S.		3. Mailing Address 8 Faneuil Hall Marketplace Suite, Apt. #, etc. #404 3rd Floor City & State Boston, Ma Zip 02109 Country U.S.	
6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. 350 E LAS OLAS BLVD SUITE 1600 FT LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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	DVST MOSS, RAYMOND H 6400 CONGRESS AVENUE SUITE 2750 BOCA RATON, FL 33487 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHAARI, SUHAIMEE ABU H 6400 CONGRESS AVENUE SUITE 2750 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SHAARI, MOHD JAMIL ABU HASSAN 6400 CONGRESS AVENUE SUITE 2750 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SAID, MOHAMED IZMI MD 6400 CONGRESS AVENUE SUITE 2750 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RISTAINO, DAVID C 6400 CONGRESS AVENUE SUITE 2750 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete TEO, SOK HIANG 8 Faneuil Marketplace - 3rd floor #404 Boston, Ma. 02109	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: 		SOKHIANG TEO	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		7/15/2005 <small>Date</small>	
<small>Daytime Phone #</small>			