## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F00000003378

Entity Name: PRAEOS TECHNOLOGIES, INC.

ELLICOTT CITY, MD 21043

City-St-Zip:

FILED Jan 04, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
18TH FLC	CHTREE ROA DOR A, GA 30309	AD NE			
Current Mailing Address:			New Mailing Address:		
1230 PEA 18TH FLC	CHTREE ROA		J		
FEI Number	r: 58-2262875	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of	Current Registered Agent:	Name and Address of	New Registered Agent:	
TABB, IAN 710 VILLAGE WAY PALM HARBOR, FL 34683 US			TABB, IAN 1504 SW 186TH AVE PEMBROKE PINES, FL 33029 US		
	e named entity te of Florida.	submits this statement for the	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				01/04/2005	
	Electro	nic Signature of Registered Ag	ent	Date	
Election Ca	ımpaign Financir	ng Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title:	D (				
Name: Address: City-St-Zip:	EGAN JR, JAN 1979 PALIFO	K DR NE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Name: Address:	EGAN JR, JAN 1979 PALIFO ATLANTA, GA S ( MYHAND, MEI 1979 PALIFO	MES P K DR NE 30307 ) Delete LISSA L K DR NE	Name: Address: City-St-Zip:	()Change ()Addition ()Change ()Addition	
Name: Address: City-St-Zip: Title: Name: Address:	EGAN JR, JAN 1979 PALIFO; ATLANTA, GA S ( MYHAND, MEI 1979 PALIFO; ATLANTA, GA V ( ECKHAUS, JE 4747 GREAT I	MES P K DR NE 30307  ) Delete LISSA L K DR NE 30307  ) Delete FFREY K HERON CIRCLE	Name: Address: City-St-Zip: Title: 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.

City-St-Zip:

SIGNATURE: MELISSA L MYHAND SECT 01/04/2005