


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90009 016 ***150.00

DOCUMENT # F00000005715	
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1. Entity Name BLUEPOINT DATA, INC.	Principal Place of Business 4800 NORTH FEDERAL HIGHWAY BLDG A0200 BOCA RATON FL 33431 US	Mailing Address 4800 NORTH FEDERAL HIGHWAY BLDG A0200 BOCA RATON FL 33431 US
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2. Principal Place of Business 6633 NW 25th Terrace Suite, Apt. #, etc. Boca Raton, Florida City & State	3. Mailing Address 6633 NW 25th Terrace Suite, Apt. #, etc. Boca Raton, Florida City & State
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MOORE CR2E034 (11/03)

Zip 33496	Country	Zip 33496	Country
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4. FEI Number 65-1038177	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SACHSM SAX & KLEIN, PA SUITE 4150 NORTHERN TRUST PLAZA 301 YAMATO ROAD BOCA RATON FL 33431

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE VPF NAME KISTLER, VANCE STREET ADDRESS 4800 N FEDERAL HWY BLDG A 200 CITY-ST-ZIP BOCA RATON FL 33431	<input type="checkbox"/> Delete
TITLE CEO NAME SUTCLIFFE, IAN STREET ADDRESS 4800 N FEDERAL HWY BLDG A 200 CITY-ST-ZIP BOCA RATON FL 33431	<input type="checkbox"/> Delete
TITLE P NAME SACHSE, PAUL STREET ADDRESS 4800 N FEDERAL HWY BLDG A 200 CITY-ST-ZIP BOCA RATON FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE CFO NAME 6633 N.W. 25th Terrace STREET ADDRESS Boca Raton, FL 33496 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME 6633 N.W. 25th Terrace STREET ADDRESS Boca Raton, FL 33496 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"/> Change <input type="checkbox"/> Addition
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"/> 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:  **Vance Kistler** **1/26/04 (561) 998-5599**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #