2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 20, 2004 8:00 am Secretary of State

DOCUMENT # F0100000081 1. Entity Name PROFESSIONAL DATA MANAGEMENT AGAIN, INC.						01-20-2004 9	0047 027	***150.	00
Principal Place	of Business	Mailing Address			7	-		•	
9229 DELEG	ATES ROW	9229 DELEGATES ROW							
STE 240 Indianapolis, in 46240		STE 240 Indianapolis, in 46240)				
INDIANAPOLI	5, IN 4024U	INDIANAL OLIS, IN 40240			1 AMERICAN CALL OF	HIB) ILBU Y a un Ha ni Ca in	1 Bā dil Ve lai ce lik	16 (9) (11(8) (12)	ERI IL ITEL
2. Principal Place of Business		3. Mailing Address					16 41 41 14 64 11		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01122004	Chg-P	CR2E034		
City & State		City & State			4. FEI Number 35-2126	362			plied For Applicable
Zip	Country	Zip	Zip Country		5. Certificate o	f Status Desired		8.75 Addi ee Required	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent				
ļ—————		Name							
1200 SOU	ORATION SYSTEM IH PINE ISLAND ROAD ON, FL 33324	Street Address (P.O. Box Number is Not Acceptable)							
PLANIAI	UN, FL 33324								
				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, tyced 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 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND E	IRECTORS	IN 11
FITLE	PST	☐ Delete	TITLE				!	Change :	☐ Addition
NAME STREET ADDRESS	WAGNER, TIMOTHY L DHESS 9229 DELGATES ROW STE 240		NAM	E Et address					
CITY-ST-ZIP	· ·			-ST-ZIP					
TITLE	CD	☐ Delete	TITLE					Change	Addition
NAME	WAGNER, TIMOTHY L	Delete	NAM	i			'	0.61190	
STREET ADDRESS	9229 DELGATES ROW STE 240		STRE	ET ADDRESS					
CITY-ST-ZIP	INDIANAPOLIS, IN 46240	·	CITY	-ST-ZIP					
TITLE	V	☐ Delete	TITLE	: <u>V</u>)	Change	☐ Addition
NAME STREET ADDRESS	RICHARD: BRIGGS A 9229 DELEGATES ROW STE 24			ET ADDRESS BRI	665, KIC	HAKU A	CTE THO		-`
CITY-ST-ZIP	INDIANAPOLIS, IN 46240			-ST-ZIP	GGS-RIG 19 DELEGAT VDIANAPOL	ITS TW	46140		
TITLE		☐ Delete	TITLE	J-/	<i>UJANATU</i>	1. J. P.	10010	Change	Addition
NAME	•	_ ******	NAM	E	•				
STREET ADDRESS	:			ET ADDRESS					
CITY-S1-ZIP			CITY	-S1-ZIP					
TITLE		☐ Delete	TITU					Change	☐ Addition
NAME STREET ADDRESS			NAM STRE	ET ADDRESS					
CITY-ST-ZIP	winter of cereminate	tu (*	•	-ST-ZIP	non I	3 / 2007 /		والمتعالم والمتعارض	1 x 3 2 1 6
TITLE	<u> </u>	Delete	TITU	E				☐ Change;	Addition
NAME			NAM	iE {			•	•	•
			ET ADDRESS						
CITY-ST-ZIP	L			-ST-ZIP					<u> </u>
12. I hereby of indicated	certify that the information supplied with on this report or supplemental report is	i this filing does not qualify f s true and accurate and that	or the exe . my signa	imption stated in S ture shall have the	section 119.07(3)(i) e same legal effect	i, Fiorida Statutes. as if made under	i further certif oath; that I ar	y that the ir n an officer	normation or director

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTO

NA 01/12/04

3/7-844-7750 Davine Phone # V 27