2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2005 8:00 am Secretary of State

DOCUMENT # F01000002195 1. Entity Name CHERRYROAD TECHNOLOGIES INC.									05-03-2005	90122 00	5 ***150).00	
Principal Place of Business 199 CHERRY HILL RD PARSIPPANY, NJ 07054				Mailing Address 199 CHERRY HILL RD PARSIPPANY, NJ 07054				1 8 8	Beibi kedi dani bada da	IIN HI UU HI IB J ((1	T1 31718 18181 811	1 11 1 4 11 1	
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.			<u></u>	04192005	Chg-P	CR2E0	34 (10/03)		
City & State				City & State				4. FEI Numb 22-242			→	plied For t Applicable	
Zip	Country			Zip Coun		etry	5. Certificate of Status Desired S8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent Name						
GULBAN, MICHAEL 925 LAKE WYMAN RD						Street Address (P.O. Box Number is Not Acceptable)							
BOCA RATON, FL 33431						0					Zin Cod		
						City				FL	Zip Cod	3	
		y submits this statemer tered agent.	nt for the	ourpose of changing its	register	ed office or	register	ed agent, or bo	th, in the State of F	lorida. I am f	amiliar with,	and accept	
the obligations of registered agent.													
SIGNATURE Spoksure, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
		FEE IS \$150.00 5 Fee will be \$55	0.00	9. Election Campa Trust Fund Con	-		\$5 . Add	.00 May Be ed to Fees					
10.		OFFICERS A	ND DIRE		11.			ADDITIONS	CHANGES TO OF	FICERS AND	- <u>-</u> -		
TITLE NAME	CEO GULBAN, MICHAEL			☐ Delete TITLI NAM							Change	Addition	
STREET ADDRESS	DRESS 925 LAKE WYMAN RD			STRE									
CITY-ST-ZIP	!	ATON, FL 33431				'-ST-ZIP					NET OL	C Laco	
TITLE NAME	SD GULBAN	☐ Delete	TITL					Δ.	Change	Addition			
STREET ADDRESS	4 HEMLOCK DRIVE STRE					EET ADDRESS	925	5 LAKE	WYMAN ON , FL	ND 22.1.	• •		
CITY-ST-ZIP	DENVILLE, NJ CITY V Delete TIEL						/3 oc	CA KAT	ON, FL	3292	Change	☐ Addition	
TITLE NAME	V Delete HIRSCH, NANCY					E E					☐ credige	LJ Addition	
STREET ADDRESS		RRY HILL RD				EET ADDRESS '- ST- ZIP						_	
CITY-ST-ZIP	PARSIPP	ANY, NJ		□ Delete	TITE						Change	☐ Addition	
NAME	JELEN, C	HET		□ Delette	NAM								
STREET ADDRESS CITY-ST-ZIP	83 WALS					EET ADDRESS '-ST-ZIP							
TITLE	D	1, 145		☐ Delete	TITL						☐ Change	☐ Addition	
NAME	BAKER, I				NAM								
STREET ADDRESS CITY+ST-ZIP	540 MAD NEW YO	ISON AVE. RK. NY				eet address /-st-zip							
TITLE HAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	em	AE EET ADDRESS (-ST-ZIP	PRE THO 199 PAR	SIDENT MAS FE CHERRY SIPPAN	RRANDO HILL ROA Y, NIT	16 07054	☐ Change	⊠ Addition	
12. I hereby certify that the information supplied with this filling 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.													