


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 23, 2004 8:00 am**  
**Secretary of State**

08-23-2004 90026 011 \*\*\*150.00

<b>DOCUMENT # F01000003594</b> 1. Entity Name <b>PRIVASYS, INC.</b>					
Principal Place of Business <b>4682 CALLE BOLERO RD SUITE D CAMARILLO, CA 93012</b>			Mailing Address <b>4682 CALLE BOLERO RD. SUITE D CAMARILLO, CA 93012</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>68-0433569</b>	
5. Certificate of Status Desired - <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
<b>Due by September 8, 2004</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD ZIEGLER, JOAN 4682 Calle Bolero Road Suite D Camarillo, CA 93012	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PATTERSON, DAVID 4682 Calle Bolero Road Suite D Camarillo, CA 93012	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTO POIDOMANI, MARK 4682 Calle Bolero Road Suite D Camarillo, CA 93012	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKEE, E. STANTON 4682 Calle Bolero Road Suite D Camarillo, CA 93012	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEETS, JOHN 3000 BETHESDA PLACE, SUITE 501 WINSTON SALEM, NC 27103	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<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.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					