


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90046 025 \*\*\*150.00

<b>DOCUMENT # F01000003594</b>	
1. Entity Name <b>PRIVASYS, INC.</b>	

Principal Place of Business <b>4682 CALLE BOLERO RD SUITE I CAMARILLO, CA 93012</b>	Mailing Address <b>4682 CALLE BOLERO RD SUITE I CAMARILLO, CA 93012</b>
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2. Principal Place of Business <b>1153 Lawrence Dr</b>	3. Mailing Address <b>1153 Lawrence Dr</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Newbury Park CA</b>	City & State <b>Newbury Park CA</b>
Zip <b>91320</b>	Zip <b>91320</b>
Country <b>USA</b>	Country <b>USA</b>



01112005 Chg-P CR2E034 (10/03)

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCD ZIEGLER, JOAN 40 FIRST STREET, SUITE 300 SAN FRANCISCO, CA 94109</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S PATTERSON, DAVID 40 FIRST STREET, SUITE 300 SAN FRANCISCO, CA 94109</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CTO POIDOMANI, MARK 40 FIRST STREET, SUITE 300 SAN FRANCISCO, CA 94109</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MCKEE, E. STANTON 40 FIRST STREET, SUITE 300 SAN FRANCISCO, CA 94109</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SHEETS, JOHN 3000 BETHESDA PLACE, SUITE 501 WINSTON SALEM, NC 27103</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Jim Caccavo 1251 Avenue of the Americas New York NY 10020</b> <input type="checkbox"/> Delete	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)(f), 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:** Olivia Belmont Acct. Manager **1/15/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #