



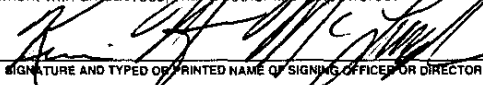
# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 19, 2004 8:00 am**  
**Secretary of State**

08-19-2004 90054 036 \*\*\*550.00

24080339



|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>DOCUMENT # F02000002007</b>   |  |  |   |                                  |  |
| 1. Entity Name<br><b>THERMO LIFE ENGERY CORP.</b>  |  |  |   |   |  |
| Principal Place of Business<br><b>400 ROYAL PALM WAY, STE. 410<br/>PALM BEACH, FL 33480</b>  |  |  | Mailing Address<br><b>400 ROYAL PALM WAY, STE. 410<br/>PALM BEACH, FL 33480</b>   |   |  |
| 2. Principal Place of Business<br><b>1690 South Congress Avenue</b>  |  |  | 3. Mailing Address<br><b>c/o Applied Digital Solutions, Inc.</b>  |   |  |
| Suite, Apt. #, etc.<br><b>Suite 200</b>  |  |  | Suite, Apt. #, etc.<br><b>1690 So. Congress Ave., Suite 200</b>   |   |  |
| City & State<br><b>Delray Beach, FL</b>  |  |  | City & State<br><b>Delray Beach, FL</b>   |   |  |
| Zip<br><b>33445</b>  |  | Country<br><b>Palm Beach</b>               |   | Zip<br><b>33445</b>   |  |
|  |  | Country<br><b>Palm Beach</b>               |   | 4. FEI Number<br><b>06-1633224</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |  |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><b>LANGSFORD, KAY E<br/>400 ROYAL PALM WAY<br/>SUITE 400<br/>PALM BEACH, FL 33480</b>   |  |  | 7. Name and Address of New Registered Agent<br>Name <b>Kay Langsford-Loveland</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1690 South Congress Avenue, Suite 200</b><br>City <b>Delray Beach</b> <b>FL</b> Zip Code <b>33445</b> |   |  |
| 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.<br>SIGNATURE  <b>Kay Langsford-Loveland</b> <b>8/11/04</b><br>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE  |  |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 8, 2004</b>  |  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |   |  |
| 10. OFFICERS AND DIRECTORS   |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>SULLIVAN, RICHARD J<br>400 ROYAL PALM WAY, STE. 410<br>PALM BEACH, FL 33480   | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | President<br>Gary A. Gray<br>1690 South Congress Avenue, Suite 200<br>Delray Beach, FL 33445                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>SILVERMAN, SCOTT<br>400 ROYAL PALM WAY, STE. 410<br>PALM BEACH, FL 33480      | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Director<br>Scott R. Silverman<br>1690 South Congress Avenue, Suite 200<br>Delray Beach, FL 33445                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br>FRIEDLAND, RICHARD'S<br>72 JESSE CT.<br>MONTVILLE, NJ 07045                  | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Vice President/Director<br>Kevin H. McLaughlin<br>1690 South Congress Avenue, Suite 200<br>Delray Beach, FL 33445 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>NOTERMAN, ARTHUR F<br>400 ROYAL PALM WAY, STE. 410<br>PALM BEACH, FL 33480    | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Secretary/Treasurer<br>Evan McKeown<br>1690 South Congress Avenue, Suite 200<br>Delray Beach, FL 33445            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>ZHOU, PETER Y<br>1451 RESEARCH PARK DR.<br>RIVERSIDE, CA 92507                | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VT<br>ARTIGLIERE, JEROME C<br>218 ROYAL PALM WAY, STE. 201<br>PALM BEACH, FL 33480 | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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 answered. |  |  |   |   |  |
| SIGNATURE:  <b>Kevin H. McLaughlin, as Vice President</b>   |  |  | <b>8-11-04</b> <b>561-805-8000</b><br>Date Daytime Phone #  |   |  |