


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90086 004 ***150.00

DOCUMENT # F02000004356 1. Entity Name SEQUIAM SOFTWARE, INC.	
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Principal Place of Business 300 SUNPORT LANE ORLANDO, FL 32809	Mailing Address 300 SUNPORT LANE ORLANDO, FL 32809
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DO NOT WRITE IN THIS SPACE



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number 33-0998899	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MROCZKOWSKI, MARK 300 SUNPORT LANE ORLANDO, FL 32809	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST MROCZKOWSKI, MARK 300 SUNPORT LANE ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP VAN DEN BREKEL, NICOLAAS 300 SUNPORT LANE ORLANDO, FL 32809
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**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19 Jan 04
Date

407 541 0773
Daytime Phone #