2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006298

Entity Name: DALEEN SOLUTIONS, INC.

METATNAGHAN, DAVID

902 CLINT MOORE RD

BOCA RATON, FL 33487

Name:

Address:

City-St-Zip:

FILED Apr 01, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 902 CLINT MOORE ROAD, SUITE 230 BOCA RATON, FL 33487 **Current Mailing Address: New Mailing Address:** 902 CLINT MOORE ROAD, SUITE 230 BOCA RATON, FL 33487 FEI Number: 06-1660022 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition Name: DALEEN, JAMES Name: 902 CLINT MOORE ROAD, SUITE 230 Address: Address: City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: Title: Title: () Delete () Change () Addition Name: PRAYTHER, JEANNE Name: 902 CLINT MOORE ROAD, SUITE 230 Address: Address: BOCA RATON, FL 33487 City-St-Zip: City-St-Zip: **PCEO** () Delete Title: Title: () Change () Addition QUICK, GORDON Name: Name: 902 CLINT MOORE RD Address: Address: City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JEANNE PRAYTHER ST 04/01/2004