
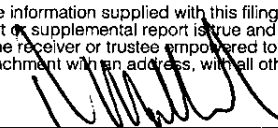


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90059 001 \*\*\*300.00

<b>DOCUMENT # F03000000366</b> 1. Entity Name <b>RAND IMAGINIT TECHNOLOGIES, INC.</b>			
Principal Place of Business <b>1801 WEST COLONIAL DRIVE</b> <b>ORLANDO, FL 32804</b>		Mailing Address <b>5285 SOLAR DRIVE</b> <b>MISSISSAUGA ONT. LYN5B8 CANA,</b>	
2. Principal Place of Business <b>23550 Commerce Park</b> Suite, Apt. #, etc.		3. Mailing Address <b>5285 Solar Drive</b> Suite, Apt. #, etc.	
City & State <b>Beachwood, OH</b> Zip <b>44122</b> Country <b>Cuyahoga</b>		City & State <b>MISSISSAUGA, ONT</b> Zip <b>L4W 5B8</b> Country <b>Canada</b>	
4. FEI Number <b>98-0383971</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE, FL 32301-2525</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BALDSARRA, FRANK 1170 DERRY ROAD WEST MISSISSAUGA ONT CANADA,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Baldesarra, Frank 1170 Derry Rd. West MISSISSAUGA, ONT CANADA L4W1R1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SEMKIW, BRIAN 2020 LAKESHORE BLVD WEST OAKVILLE ONT CANADA L6J1M3,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Semkiw, Dennis 4110 Molly Ave. MISSISSAUGA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SEMKIW, DENNIS 4110 MOLLY AVENUE MISSISSAUGA ONT. CANADA L4Z1,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SEMKIW, DENNIS 4110 MOLLY AVENUE MISSISSAUGA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MALHINHA, RUI 44 PARKSHORE PLACE CARLISLE ONT CANADA LOR1H1,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MALHINHA, RUI 44 PARKSHORE PLACE CARLISLE ONT CANADA LOR1H1,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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:  <b>Rui Malhinha, C.F.O.</b> <b>02/01/04</b> <b>905-625-2000</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			