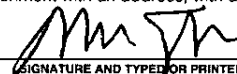


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90355 012 ***158.75

DOCUMENT # F03000000822 1. Entity Name PROVIDENCE SYSTEMS, INC.					
Principal Place of Business 6349 PALOMAR OAKS COURT CARLSBAD, CA 92009			Mailing Address 6349 PALOMAR OAKS COURT CARLSBAD, CA 92009		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 04122004 Chg-P CR2E034 (10/03)	
City & State		City & State			
Zip Country		Zip Country			
4. FEI Number 33-0674559		Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing ☐ \$5.00 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	C BUFFINI, BEVERLY 6349 PALOMAR OAKS COURT CARLSBAD, CA 92009 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BUFFINI, BRIAN 6349 PALOMAR OAKS COURT CARLSBAD, CA 92009 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUFFINI, GARY 6349 PALOMAR OAKS COURT CARLSBAD, CA 92009 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TAYLOR, MICHAEL 6349 PALOMAR OAKS COURT CARLSBAD, CA 92009 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TCFP TOOMAN, JAMES 6349 PALOMAR OAKS COURT CARLSBAD, CA 92009 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 empowered.					
SIGNATURE:  Michael Taylor, Vice President Date 4/13/04 Daytime Phone # 760-827-2100					