2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005
Secretary of State

DOCUMENT# F03000001727

Entity Name: DIGIPORTAL SOFTWARE, INC.

Current Principal Place of Business:

3020 ALATKA COURT
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

PMB 325
5224 WEST STATE ROAD 46
SANFORD, FL 32771

New Mailing Address:

FEI Number: 22-3781961 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WISE, STUART H JR
490 ESTHER LANE
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: WEINDRUCH, RONALD
Address: 3020 ALATKA COURT
City-St-Zip: LONGWOOD, FL 32779

Title: VCD ( ) Delete
Name: JAMESON, DAVID
Address: 74 RANDOM FARMS CIRCLE
City-St-Zip: CHAPPAQUA, NY 10514

Title: D ( ) Delete
Name: TOEVS, ALDEN
Address: 90 PARK AVE., 18TH FLOOR
City-St-Zip: NEW YORK, NY 10016

Title: D ( ) Delete
Name: BARNETT, JONATHAN
Address: 6 HARROWS LANE
City-St-Zip: PURCHASE, NY 10577

Title: S ( ) Delete
Name: LOISE, STUART H
Address: 490 ESTHER LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: CD (X) Change ( ) Addition
Name: JAMESON, DAVID
Address: 74 RANDOM FARMS CIRCLE
City-St-Zip: CHAPPAQUA, NY 10514

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: WISE, STUART H
Address: 490 ESTHER LANE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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.

SIGNATURE: STUART WISE S 04/20/2005

Electronic Signature of Signing Officer or Director — Date