


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F0300002463</b> 1. Entity Name MEDICAL ANALYSIS SYSTEMS, INC.	
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Principal Place of Business 5300 ADOLFO ROAD CAMARILLO, CA 93012	Mailing Address 5300 ADOLFO ROAD CAMARILLO, CA 93012
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**DO NOT WRITE IN THIS SPACE**



07122004 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0485257	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

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 reappointing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELLA PENTA, DAVID T LIBERTY LANE HAMPTON, NH 03842
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUCHENE, TODD LIBERTY LANE HAMPTON, NH 03842
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARK, KEVIN LIBERTY LANE HAMPTON, NH 03842
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS SCHEINERMAN, ERIC 5300 ADOLFO ROAD CAMARILLO, CA 93012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEISTER, PAUL LIBERTY LANE HAMPTON, NH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

100000172466  
09/23/04-80001-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: Darci Teobaldi Date: 9/14/04 Daytime Phone #: 805 987 7891