


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90441 038 ***150.00

DOCUMENT # F03000003982		
1. Entity Name TECHBOOKS, INC.		

Principal Place of Business 11150 MAIN ST., STE. 402 FAIRFAX, VA 22030	Mailing Address 11150 MAIN ST., STE. 402 FAIRFAX, VA 22030
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04152004 Chg-P CR2E034 (10/03)

4. FEI Number 54-1596745	Applied For
APPLIED FOR	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
F&L CORP. 200 LAURA ST. JACKSONVILLE, FL 32202		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 _____
Signature, typed or printed name of registered agent and title if applicable. (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 Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GUPTA, RAKESH 11150 MAIN ST., STE. 402 FAIRFAX, VA 22030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SINGH, RANJIT 11150 MAIN ST., STE. 402 FAIRFAX, VA 22030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BATRA, GURVINDER 11150 MAIN ST., STE. 402 FAIRFAX, VA 22030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Officer</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MURPHY, JOE 11150 MAIN ST., STE. 402 FAIRFAX, VA 22030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary/Treasurer</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUPTA, ANITA 11150 MAIN ST., STE. 402 FAIRFAX, VA 22030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAGA, RAMESH 11150 MAIN ST., STE. 402 FAIRFAX, VA 22030 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Joseph B. Murphy* Joseph B. Murphy 4/15/04 703-352-0001
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone # X121

Attachment

14016256

#F03000003982

ADDITIONS

Director
James Vandervelden
11150 Main Street, Suite 402
Fairfax, VA 22030

Director
Kim Cooke
11150 Main Street, Suite 402
Fairfax, VA 22030

Director
David Dame
11150 Main Street, Suite 402
Fairfax, VA 22030

Director
Neal Gupta
11150 Main Street, Suite 402
Fairfax, VA 22030

Director
Fred Ciporen
11150 Main Street, Suite 402
Fairfax, VA 22030

Director
Craig Richards
11150 Main Street, Suite 402
Fairfax, VA 22030