2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004928

Entity Name: COVARITY, INC.

FILED Apr 29, 2004 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

5201 BLUE LAGOON DRIVE, SUITE 100 100 SE 2ND STREET MIAMI, FL 33126

SUITE 2610 MIAMI, FL 33131

Current Mailing Address: New Mailing Address:

5201 BLUE LAGOON DRIVE, SUITE 100 100 SE 2ND STREET MIAMI, FL 33126 SUITE 2610

MIAMI, FL 33131

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

REUS, ALEXANDER ESQ. GLOBAL EXPANSION & CONSULTING, LLC

100 SE 2ND STREET 5201 BLUE LAGOON DRIVE, SUITE 100 SUITE 2610 MIAMI, FL 33126 US

MIAMI, FL 33131 US

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: ALEXANDER REUS, MGMR 04/29/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete Title: COB (X) Change () Addition

SHUTTLEWORTH, RON SHUTTLEWORTH, RON Name: Name: 12 ADELPHA DRIVE / TORONTO, ON. 12 ADELPHA DRIVE Address:

Address: City-St-Zip: M8Z 3A2 CANADA, City-St-Zip: TORONTO, ON M8Z3A2 CA

() Delete Title: Title: (X) Change () Addition

Name: DESAL NADIR Name: ADELL, SIMON 1 DELISLE STREET/ RICHMOND HILL, ON. Address: **58 ROY STREET** Address:

L4S 2R3 CANADA, RICHMOND HILL, ON L4S2R3 CA City-St-Zip: City-St-Zip:

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: SIMON ADELL 04/29/2004 D