
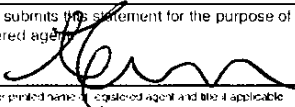
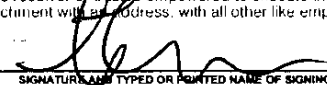


FILED  
Apr 30, 2007 8:00 am  
Secretary of State

04-30-2007 90417 049 \*\*\*150.00

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # F04000005697</b>			
1. Entity Name <b>OPEN SPATIAL, INC.</b>			
Principal Place of Business <b>13575 58TH ST N #180 CLEARWATER, FL 33760</b>		Mailing Address <b>13575 58TH ST N #180 CLEARWATER, FL 33760</b>	
2. Principal Place of Business - No P.O. Box # <b>2536 Countryside Blvd</b>		3. Mailing Address <b>2536 Countryside Blvd</b>	
Suite, Apt. #, etc. <b>Suite 108</b>		Suite, Apt. #, etc. <b>Suite 108</b>	
City & State <b>Clearwater, FL</b>		City & State <b>Clearwater, FL</b>	
Zip <b>33763</b>	Country	Zip <b>33763</b>	Country
4. FEI Number <b>27-0100734</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>TOLKEN, CHRIS 13575 58TH ST N #180 CLEARWATER, FL 33760</b>		7. Name and Address of New Registered Agent Name: <b>Chris Tolken</b> Street Address (P.O. Box Number is Not Acceptable) <b>2536 Countryside Blvd</b> Suite 108 City: <b>Clearwater, FL</b> Zip Code: <b>33763</b>	
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:  DATE: <b>4/26/07</b> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing stamp.)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PVST TOLKEN, CHRIS 13575 58TH ST N #180 CLEARWATER, FL 33760 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	PVST Chris Tolken 2536 Countryside Bldg, Suite 108 Clearwater, FL 33763 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	D MACE, NICHOLAS G 202 MONA VALE RD/ST. IVES/NEW SOUTH WALES 2075 AUSTRALIA. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 my address, with all other like empowered. SIGNATURE:  DATE: <b>4/26/07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			