
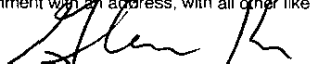


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90038 020 \*\*\*150.00

<b>DOCUMENT # F93000004952</b> 1. Entity Name <b>MOBILE DATA SOLUTIONS INC.</b>					
Principal Place of Business <b>10271 SHELLBRIDGE WAY RICHMOND, B.C., CANADA, V6X -2W8</b>			Mailing Address <b>10271 SHELLBRIDGE WAY RICHMOND, B.C., CANADA, V6X -2W8</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 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	DCEO DYSTHE, ERIK <input type="checkbox"/> Delete 10271 SHELLBEIDGE WAY RICHMOND, BC, CA v6x 2w8		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Kumoi, Glenn Y.</b> <b>10271 Shellbridge Way</b> <b>Richmond, BC, CA V6X2W8</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAAK, DAVID <input type="checkbox"/> Delete 1494 IVYWOOD DR. OKEMOS, MI 48884		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS <input checked="" type="checkbox"/> Delete BENISTON, M. GREG 10271 SHELLBEIDGE WAY RICHMOND, BC, CA v6x 2w8		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO PECHO, VERNE D <input type="checkbox"/> Delete 10271 SHELLBRIDGE WAY RICHMOND, B.C., CANADA, V6X 2W8		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS <input checked="" type="checkbox"/> Delete BENISTON, M. GREG 10271 SHELLBRIDGE WAY RICHMOND, CANADA, BC v6x 2w8		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOTTIS, LINDA R <input type="checkbox"/> Delete 716 CHATEAUGAY AVE. NAPERVILLE, IL 605407711		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.					
<b>SIGNATURE:</b>  <b>Glenn Kumoi</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>April 6, 2004</b> <b>604-207-4402</b> <small>Date Daytime Phone #</small>		