2004 FOR PROFIT CORPORATION

Mar 26, 2004 8:00 am Secretary of State ANNUAL REPORT 03-25-2004 90042 026 ***150 00 **DOCUMENT # F97000001309** 03-26-2004 90044 023 ***150.00 BOYD COMPUTER CORPORATION 94037578 Principal Place of Business Mailing Address 10 FAIRWAY DR 10 FAIRWAY DR 207 DEERFIELD BEACH, FL 33441 DEERFIELD BEACH, FL 33441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03252004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 65-0733745 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RICHARD H HEAGY C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 10 FAIRWAY DRIVE #207 10 FAIRWAY DR 207 DEERFIELD BEACH, FL 33441 DEERFIELD BEACH 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, typed or printed name of registered agent and title if an (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11, VSD TITLE ☐ Delete TITLE ☐ Change ☐ Addition HEAGY, RICHARD H NAME NAME STREET ADDRESS 10 FAIRWAY DR, #207 STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33441 CITY-ST-ZIP TIFLE Defete ☐ Change ☐ Addition TITLE BLODGETT, HERBERT B NAME NAME 167 E. 61ST ST, APT 31C STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10021 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE GALLAGHER, JOHN NAME NAME STREET ADDRESS 8 GRANDVIEW DR. STREET ADDRESS CITY-ST-ZIP HOLMDEL, NJ 07733 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:	Puhan N Heary RICHARD H HEAGY	3/25/04	954-596-0470
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #