## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F98000006577

City-St-Zip:

DELRAY BEACH, FL 33445

Entity Name: APPLIED DIGITAL SOLUTIONS FINANCIAL CORP.

FILED Aug 25, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1690 SOUTH CONGRESS AVE STE 200 DELRAY BEACH, FL 33445				1690 SOUTH CONGRESS AVE SUITE 200 DELRAY BEACH, FL 33445		
Current Mailing Address:				New Mailing Address:		
C/O APPLIED DIGITAL SOLUTIONS INC 1690 SO CONGRESS AVE STE 200 DELRAY BEACH, FL 33445				C/O APPLIED DIGITAL SOLUTIONS INC 1690 SO CONGRESS AVE SUITE 200 DELRAY BEACH, FL 33445		
FEI Number:	02-0503351	FEI Number Applied For ( )	FEI Nur	mber Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
LANGSFORD-LOVELAND, KAY 1690 SOUTH CONGRESS AVE STE 200 DELRAY BEACH, FL 33445 US						
The above in the State		submits this statement for the pr	urpose o	of changing its registere	ed office or registered agent, or both,	
SIGNATUR	E:					
Electronic Signature of Registered Agent				Date		
		3(2)(b), F.S., the corporation did not Trust Fund Contribution ( ).	t receive t	the prior notice.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	MCLAUGHLIN, I	ONGRESS AVE STE 200		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MCKEOWN, EV	ONGRESS AVE STE 200		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	SILVERMAN, S	Delete COTT R DNGRESS AVE STE 200		Title: Name: Address:	( ) Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: EVAN MCKEOWN SEC 08/25/2005