2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F98000006682

1. Entity Name
BITRAGE INC.

Principal Place of Business	Mailing Address
100 SOUTHPARK BLVD. SUITE 400 SAINT AUGUSTINE, FL 32086	100 SOUTHPARK BLVD. SUITE 400 SAINT AUGUSTINE, FL 32086

2. Principal Place of Business
6816 SOUTHPOINT PKWY
Suite, Apt. #, etc. BLDG 601
City & State JACKSONVILLE FL
Zip 32216 Country DUVAL

3. Mailing Address
6816 SOUTHPOINT PKWY
Suite, Apt. #, etc. BLDG 601
City & State JACKSONVILLE FL
Zip 32216 Country DUVAL

03072005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3538341 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NEWMAN, MICHAEL S 100 SOUTH PARK BLVD. SUITE 400 ST. AUGUSTINE, FL 32086	Name Street Address (P.O. Box Number is Not Acceptable) 6816 SOUTHPOINT PKWY BLDG 601 City JACKSONVILLE FL Zip Code 32216

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 _____ 3-7-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PCD NAME DIONNE, JAMES J STREET ADDRESS 500 SAND IRON CIRCLE NO. 524 CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VSTD NAME NEWMAN, MICHAEL S STREET ADDRESS 109 SOUTH BEND DRIVE CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE SD NAME DEMETRIOU, E.C. STREET ADDRESS YPSILANTOU 30 CITY-ST-ZIP ATHEN, GR 11521	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE SD NAME BEATTY, LLOYD S STREET ADDRESS 15985 GOSLING LN CITY-ST-ZIP ROYAL OAKS, MD 21662	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE SD NAME BRADY, CHRISTOPHER STREET ADDRESS 70 EAST 55TH STREET, 2ND FLOOR CITY-ST-ZIP NEW YORK, NY 10022	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE SD NAME LIPWORTH, BERTRAND STREET ADDRESS 65 SLOANE ST. CITY-ST-ZIP LONDON SWIX 95 H,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: _____ MICHAEL S. NEWMAN VP 3-7-05 904 674 0062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #