

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90548 035 \*\*\*150.00

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04262005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # F99000001713</b> 1. Entity Name <b>AUTHENTEC, INC.</b>					
Principal Place of Business <b>709 S HARBOR CITY BLVD SUITE 400 MELBOURNE, FL 32901 US</b>			Mailing Address <b>PO BOX 2719 MELBOURNE, FL 32902-2719 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3521332</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MOODY, F. S 709 S HARBOR CITY BLVD STE 400 MELBOURNE, FL 32901</b>				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MOODY, F. S 709 S HARBOR CITY BLVD #400 MELBOURNE, FL 32901</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Phillip W. Farmer 3380 N. Riverside Dr Indialantic, FL 32903</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFOS TEESDALE, GREG 709 S HARBOR CITY BLVD #400 MELBOURNE, FL 32901</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Robert Grady 600 Montgomery St 39th FL San Francisco, CA 94111</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS NOWAK, CHRISTINE 709 S HARBOR CITY BLVD #400 MELBOURNE, FL 32901</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D YU, BEN 2884 SAND HILL RD. STE 100 MENLO PARK, CA 94025</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CRUGNALE, MATTHEW 660 SAND HILL CIRCLE MENLO PARK, CA 94025</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KOVEN, GUS 268 MAIN ST GLADSTONE, NJ 07934</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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> <i>Christine M. Nowak</i> <b>Christine Nowak</b> 4/29/05 321-308-1313 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					