

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003810

FILED  
Apr 30, 2004  
Secretary of State

**Entity Name:** PACE MICRO TECHNOLOGY (SUPPORT SERVICES) LIMITED INC.

**Current Principal Place of Business:**

3701 FAU BLVD.  
200  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

3701 FAU BLVD.  
200  
BOCA RATON, FL 33431

**New Mailing Address:**

**FEI Number:** 52-2184120

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: VT ( ) Delete  
Name: DYSON, JOHN  
Address: BODALAIR, SANDFORD LANE, HURST  
City-St-Zip: BERKSHIRE, UNITED KINGDOM, RQ10 0SU

Title: S ( ) Delete  
Name: DIXON, ANTHONY JOHN  
Address: MALLARD COTTAGE, 5 COMMON ROAD, SKIPWITH  
City-St-Zip: SELBY YORK, UNITED KINGDOM, YO8 5SQ

Title: P ( ) Delete  
Name: GAYDON, NEIL  
Address: 2200 NW 59TH ST  
City-St-Zip: BOCA RATON, FL 33496

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: GAYDON, NEIL  
Address: 2200 NW 59TH ST  
City-St-Zip: BOCA RATON, FL 33496

Title: P ( ) Change (X) Addition  
Name: PULLI, MIKE  
Address: 6241 BRAVA WAY  
City-St-Zip: BOCA RATON, FL 33433

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.

SIGNATURE: MIKE PULLI

P

04/30/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date