


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 15, 2005 8:00 am
Secretary of State

08-15-2005 90078 037 ***150.00

DOCUMENT # F99000003810 1. Entity Name PACE MICRO TECHNOLOGY (SUPPORT SERVICES) LIMITED INC.	
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Principal Place of Business 3701 FAU BLVD. 200 BOCA RATON, FL 33431	Mailing Address 3701 FAU BLVD. 200 BOCA RATON, FL 33431
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DO NOT WRITE IN THIS SPACE



07202005 No Chg-P CR2E034 (10/03)

4. FEI Number 52-2184120	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT DYSON, JOHN BODALAIR, SANDFORD LANE, HURST BERKSHIRE, UNITED KINGDOM, RQ10 0SU
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIXON, ANTHONY JOHN MALLARD COTTAGE, 5 COMMON ROAD, SKIPWITH SELBY YORK, UNITED KINGDOM, Y08 55Q
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAYDON, NEIL 2200 NW 59TH ST BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PULLI, MIKE 6241 BRAVA WAY BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **7/20/05** **561-995-6000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #