


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90262 027 ***158.75

DOCUMENT # G76035	
1. Entity Name TECHNOLOGY ASSOCIATES, INC.	

Principal Place of Business 3691 N.W. 12TH AVE POMPANO BEACH FL 33064-5105 US	Mailing Address 3691 N.W. 12TH AVE POMPANO BEACH FL 33064-5105 US
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2. Principal Place of Business 1037 N.W. 31ST AVE	3. Mailing Address 1037 N.W. 31ST AVE
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —

City & State POMPANO BEACH FL	City & State POMPANO BEACH FL
Zip 33069	Country BROWARD

4. FEI Number 59-2384359	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ASHFORD, FRANK L 541 SOUTH STATE ROAD #7 SUITE 4 MARGATE FL 33068	
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7. Name and Address of New Registered Agent Name ASHFORD, FRANK L Street Address (P.O. Box Number is Not Acceptable) 1037 N.W. 31ST AVE — City POMPANO BEACH FL Zip Code 33069	
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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 <u><i>Frank L Ashford</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004, Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDVT ASHFORD, FRANK 700 MALAGA DR. BOCA RATON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.	
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SIGNATURE: <u><i>Frank L Ashford</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4-19-04 Date	954-580-4700 Daytime Phone #
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