


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 24, 2005 8:00 am
Secretary of State

05-24-2005 90121 034 ***150.00

DOCUMENT # H49135	
1. Entity Name LASERGATE SYSTEMS, INC.	

Principal Place of Business 555 ANTON BLVD 11TH FLOOR COSTA MESA CA 92626	Mailing Address 555 ANTON BLVD 11TH FLOOR COSTA MESA CA 92626
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number 59-2543206	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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 NAME STREET ADDRESS CITY-ST-ZIP	EV BAUER, ERIC P 555 ANTON BLVD., 12TH FLOOR COSTA MESA CA 92626 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHIEF FINANCIAL OFFICER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CHRISTIAN O. HENRY 555 ANTON BLVD, 11th floor COSTA MESA, CA 92626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BENSION, RON <input type="checkbox"/> Delete 555 ANTON BLVD 11TH FLOOR COSTA MESA CA 92626	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FROST, CRAIG <input checked="" type="checkbox"/> Delete 555 ANTON BLVD 11TH FLOOR COSTA MESA CA 92626	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. Robert F. Murphy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 555 ANTON Boulevard, 11th Floor COSTA MESA, CA 92626
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
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
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.

SIGNATURE:  **Christian O. Henry, CFO** Date: _____ Daytime Phone #: **(714) 327-5402**