2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K66848

Title:

Name:

Address:

City-St-Zip:

() Delete

SCHENKER, MARVIN

215 N. COCONUT LANE

MIAMI BEACH, FL 33139

FILED Jan 05, 2005 Secretary of State

Entity Name: STARBOARD TECHNOLOGIES, INC.	•
Current Principal Place of Business:	New Principal Place of Business:
215 N. COCONUT LANE MIAMI BEACH, FL 33139	
Current Mailing Address:	New Mailing Address:
3070 CAMINITO AVENUE YUBA CITY, CA 95991	2094 CHAGALL CIRCLE WEST PALM BEACH, FL 33409
FEI Number: 65-0112797 FEI Number Applied For () FEI Number	mber Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
SCHENKER, HAROLD G. 215 N. COCONUT LANE MIAMI BEACH, FL 33139 US	SCHENKER, HAROLD 215 N COCONUT LANE MIAMI BEACH, FL 33139 US
The above named entity submits this statement for the purpose of in the State of Florida.	of changing its registered office or registered agent, or both,
SIGNATURE: HAROLD G. SCHENKER	01/05/2005
Electronic Signature of Registered Agent	Date
Election Campaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: PD () Delete Name: SCHENKER, HAROLD G Address: 215 N. COCONUT LANE City-St-Zip: MIAMI BEACH, FL 33139	Title: () Change () Addition Name: Address: City-St-Zip:
Title: V () Delete Name: SCHENKER, JONATHAN F Address: 3070 CAMINITO AVENUE City-St-Zip: YUBA CITY, CA	Title: V (X) Change () Addition Name: SCHENKER, JONATHAN F Address: 2094 CHAGALL CIRCLE City-St-Zip: WEST PALM BEACH, FL 33409

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: HAROLD G. SCHENKER PD 01/05/2005

() Change () Addition