2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

. Mailing Address

Çity & State Tampa,

12200 34TH STREET NORTH

Suite, Apt, #, etc. Suite 1250

CLEARWATER, FL 33762-5608 US

3. Mailing Address 2701 N ROCKYPTOr

DOCUMENT # L89434

JAGGED PEAK, INC.

Principal Place of Business

12200 34TH STREET: NORTH

2. Principal Place of Business

Suite, Apt. #, etc.

City & State
Tampa

CLEARWATER, FL 33762-5608 US

2701 N Rockyft Dr

1250

1. Entity Name

SUITE C

FILED Jun 16, 2004 8:00 am Secretary of State

06-16-2004 90012 033 ***150.00

54057607

			### ##################################					
06072004	Chg-P	CR2E034	CR2E034 (10/03)					
. FEI Number		***	Applied For					
59-3018	794		Not Applicable					
. Certificate of Status Desired S8.75 Additional Fee Required								
. Name and A	ddress of Net	Registered Age	ent					
Pipu -	PAUL	<u></u>						
. Box Number	Not Accepta ろとにし	PT Dr	•					
- 126	50	-						
oa <u>d</u> ±		FL	Zip Code 33601					
agent, or both	, in the State of	Florida. I am fam	niliar with, and accept					

Zip 334	607 Hillsborough	Zip 33607 A	Country 1 115boro v	5. Certificate	e of Status Desired	S8.75 Add	ditional d		
	6. Name and Address of Current F	Registered Agent	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7. Name and Address of New Registered Agent					
	AN, PAUL TH STREET NORTH	A Section 6 for 1	Name Name Name Name Name Name Name Name	Name Paul Street Address (P.O. Box Number of Not Acceptable)					
SUITE C			2	2701 N KOLKYPT Dr					
CLEARWATER, FL 33762-5608			5	Svite 1250					
			City T						
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									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004 9. Election Campaign Fina Trust Fund Contribution			\$5.00 May Be Added to Fees						
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS	/CHANGES TO OFF	FICERS AND DIRECTORS	S IN 11		
TITLE	SVPS	☐ Delete	TITLE			Change	Addition		
NAME STREET ADDRESS	FABRIZZI, VINCENT J		NAME .	14453	Faale	Pointe N	L.		
CITY-ST-ZIP	14212 SHEARWATER CT. CLEARWATER, FL		STREET ADDRESS CITY-ST-ZIP	11000	1245	Pointe D. FL 3376			
	SVPO		-	Creare	vacer,	_			
TITLE	FURLONG, DANIEL R	☐ Delete	TITLE			☐ Change	☐ Addition		
STREET ADDRESS	5017 SHORE CREST DR.		NAME STREET ADDRESS	•					
CITY-ST-ZIP	TAMPA, FL 33609	•	CITY-ST-ZIP						
TITLE	*CEO	☐ Delete	TITLE			★ Change	Addition		
NAME	DEMIRDJIAN, PAUL	□ beide	NAME			K) Change	☐ Addition		
STREET ADDRESS	3518 SADDLE BACK LANE		STREET ADDRESS				,		
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP			3.33	548		
TITLE	SRVP "	☐ Delete -	TITLE	e canada de la companya de la compan	***************************************		5 48 -□ Addition		
NAME	DEMIRDJIAN, PRIMROSE		NAME			77			
STREET ADDRESS	3518 SADDLEBACK LANE		STREET ADDRESS						
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP			<i>33,</i>	548.		
TITLE	1 2	☐ Delete	TITLE			☐ Change	☐ Addition		
NAME	j		NAME						
STREET ADDRESS	4	†	STREET ADDRESS						
CITY-ST-ZIP		<u> </u>	CITY-ST-ZIP						
TITLE		☐ Delete	TITLE			Change	☐ Addition		
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP	_		STREET ADDRESS						
		Sec. 200	CITY-ST-ZIP						
12. I hereby certify that the information supplied with the filling 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 of the true and accurate and that my legal true and accurate and that my name appears in Block 10 or Block 11 if									

SIGNATURE:

Paul Demirdjian, Pres/0=06/7/04 (813) 314-2950