

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000035342

FILED
Apr 19, 2004
Secretary of State

Entity Name: INVEST.COM TECHNOLOGIES, INC.

Current Principal Place of Business:

340 TESCONI CIR.
SUITE B
SANTA ROSA, CA 95403

New Principal Place of Business:

Current Mailing Address:

340 TESCONI CIR.
SUITE B
SANTA ROSA, CA 95403

New Mailing Address:

FEI Number: 65-0996344 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERKINS, PAUL
4701 NORTH FEDERAL HIGHWAY,STE.380-C2
LIGHTHOUSE POINT, FL 33064 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: AGUILERA, JEFFREY
Address: 3729 CROSS CREEK RD.
City-St-Zip: SANTA ROSA, CA 95403

Title: VD () Delete
Name: VOORHEES, BRIEN
Address: 2079 BEDFORD ST.
City-St-Zip: SANTA ROSA, CA 95404

Title: VDT () Delete
Name: BROUNSTEIN, DAVE
Address: 439 BRITTAIN CT.
City-St-Zip: PETALUMA, CA 94954

Title: DS () Delete
Name: HICKS, JAMES L
Address: 2260 SANTA FE DR.
City-St-Zip: SANTA ROSA, CA 95405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: JEFFREY A AGUILERA

PC

04/19/2004

Electronic Signature of Signing Officer or Director

_____ Date