## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000038886

Address:

City-St-Zip:

1944 FLAGLER ESTATES DR

WEST PALM BEACH, FL 33411

FILED Jan 13, 2004 Secretary of State

**Entity Name:** PARTICLE TECHNOLOGY, INC. **Current Principal Place of Business: New Principal Place of Business:** 1900 CORPORATE DRIVE BOYNTON BEACH, FL 33426 **Current Mailing Address: New Mailing Address:** 1900 CORPORATE DRIVE BOYNTON BEACH, FL 33426 FEI Number: 65-1093396 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: F. SCOTT LOWELL 1900 CORPORATE DRIVE BOYNTON BEACH, FL 33426 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition F. SCOTT LOWELL, Name: Name: 203 GROVE WAY Address: Address: City-St-Zip: DELRAY BEACH, FL 33444 City-St-Zip: Title: Title: () Delete (X) Change ( ) Addition SPECSTOR, LAUREN Name: Name: SPECTOR, LAUREN 7810 S.FLAGLER DR 7810 S.FLAGLER DR Address: Address: WEST PALM BEACH, FL 33405 WEST PALM BEACH, FL 33405 City-St-Zip: City-St-Zip: ( ) Delete Title: SD Title: () Change () Addition HERLING, HERBERT Name: Name: 16076 VIA MONTETERDE Address: Address: City-St-Zip: DELRAY BEACH, FL 33446 City-St-Zip: Title: () Delete Title: CD (X) Change ( ) Addition LOWELL, SEYMOOR LOWELL, SEYMOUR Name: Name:

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.

Address:

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1944 FLAGLER ESTATES DR

WEST PALM BEACH, FL 33411

SIGNATURE: LAUREN SPECTOR TD 01/13/2004