2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 26, 2005 08:00 AM Secretary of State DOCUMENT # P00000050916 BLUECOAT SOLUTIONS, INC. Principal Place of Business Mailing Address 3200 NORTH FEDERAL HIGHWAY P.O. BOX 8817 FORT LAUDERDALE, FL 33310 #39272 FORT LAUDERDALE, FL 33339 04212005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1009655 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent SINGHAL, ROY SO NOT WRITE 3200 NORTH FEDERAL HWY FORT LAUDERDALE, FL 33339 IN THIS SPACE 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 little if applicable. (NOTE, Registered Agent signature required when reinstating) <u>U00000333310</u> 25/05-90093-020 158.75 9. Election Campaign Financing \$5.00 May Be FiLE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE SINGHAL, ROY NAME 3200 NORTH FEDERAL HIGHWAY #39272 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33339 VP TITLE SINGHAL, DAVID NAME STREET ADDRESS 3200 NORTH FEDERAL HIGHWAY #39272 CITY-ST-ZIP FORT LAUDERDALE, FL 33339 TITLE NAME STREET ADDRESS WOI WHITE CITY-ST-ZIP IN THIS SPACE TITLE NAME. STREET ADDRESS CITY-ST-ZIP nn.eNAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET AUDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)[f]. 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.

FILED