


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90187 023 \*\*\*150.00

<b>DOCUMENT # P01000010366</b>	
1. Entity Name GREYBEARD TECHNOLOGIES INC.	

Principal Place of Business 16043 PENWOOD DR. TAMPA, FL 33647	Mailing Address P.O. BOX 47793 TAMPA, FL 33647
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

44044878



04082004 Chg-P CR2E034 (10/03)

4. FEI Number 30-0039887	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  MARCHANT, MICHAEL G 16043 PENWOOD DR. TAMPA, FL 33647	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	MR <input type="checkbox"/> Delete
NAME	MARCHANT, MICHAEL G PRES
STREET ADDRESS	16043 PENWOOD DRIVE
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	MR <input type="checkbox"/> Delete
NAME	LANDGRAFF, DONOVAN E VPRES
STREET ADDRESS	105 86TH AVENUE
CITY-ST-ZIP	TREASURE ISLAND, FL 33706
TITLE	MR <input type="checkbox"/> Delete
NAME	MARCHANT, MICHAEL G SEC/TRE
STREET ADDRESS	16043 PENWOOD DRIVE
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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 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.

SIGNATURE: 	Date: 5/1/04	Daytime Phone #
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