

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000060847

FILED
Apr 27, 2004
Secretary of State

Entity Name: TECHMOSAIC INNOVATIONS INC.

Current Principal Place of Business:

14038 MAGNOLIA GLEN CIR
ORLANDO, FL 32828

New Principal Place of Business:

Current Mailing Address:

14038 MAGNOLIA GLEN CIR
ORLANDO, FL 32828

New Mailing Address:

FEI Number: 59-3728740

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHINFATT, MARCUS
14038 MAGNOLIA GLEN CIR
ORLANDO, FL 32828

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: MR. () Delete
Name: BOWMAN, LEWIS SECR.
Address: 13529 LAKES WAY
City-St-Zip: ORLANDO, FL 32828 US

Title: MR. () Delete
Name: CHINFATT, MARCUS C PRES
Address: 14038 MAGNOLIA GLEN CIR
City-St-Zip: ORLANDO, FL 32828 US

Title: MR. () Delete
Name: ATIKUNE, EDISON VP
Address: 6400 LIGHTENER DRIVE
City-St-Zip: ORLANDO, FL 32829 US

Title: MR. () Delete
Name: ATIKUNE, ARTHUR TREA
Address: 10327 WINDING CREEK LN
City-St-Zip: ORLANDO, FL 32824 US

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: MARCUS CHINFATT

PRES

04/27/2004

Electronic Signature of Signing Officer or Director

Date