


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90287 013 ***150.00

DOCUMENT # P01000115441

1. Entity Name
S-SQUARED, INC.



Principal Place of Business Mailing Address

6372 LA COSTA DR. **6372 LA COSTA DR.**
401 **401**
BOCA RATON FL 33433 **BOCA RATON FL 33433**

44061500



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address

1000 East Camino Real **1000 EAST Camino Real**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
1A **1A**

City & State City & State

Boca Raton, FL **Boca Raton, FL**

Zip Country Zip Country

33432 **U.S.A.** **33432** **U.S.A.**

4. FEI Number Applied For

03-0398323 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MULGREW, BRIAN
6372 LA COSTA DR.
#401
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name **Mulgrew, BRIAN**

Street Address (P.O. Box Number is Not Acceptable) **1000 East Camino Real**

City **1A**

City **Boca Raton** State **FL** Zip Code **33432**

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 *Brian Mulgrew* DATE **4-9-04**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PV	<input type="checkbox"/> Delete
NAME	MULGREW, BRIAN	
STREET ADDRESS	6372 LA COSTA DR. #401	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MULGREW, DONNA	
STREET ADDRESS	6664 SWEET MAPLE LN.	
CITY-ST-ZIP	BOCA RATON FL 33433	
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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Brian Mulgrew* DATE: **4-9-04** DAYTIME PHONE #: **561-395-3162**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #