


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 FEB 24 PM 4:02

DOCUMENT # P02000040740 1. Entity Name MICROTECH ADVANCED SYSTEMS, INC.	
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Principal Place of Business 400 MADISON AVE #104 ORANGE PARK, FL 32065	Mailing Address 400 MADISON AVE #104 ORANGE PARK, FL 32065
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2. Principal Place of Business	3. Mailing Address	02242004	Chg-P	CR2E034 (10/03)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 74-3040004		
City & State	City & State	Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STEWART, ADRIANNA J 400 MADISON AVE #104 ORANGE PARK, FL 32065	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE <i>Pres</i>	NAME D STEWART, ADRIANNA J	<input checked="" type="checkbox"/> Delete		TITLE <i>Pres</i>	NAME <i>Clark, Kenneth A</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	400 MADISON AVE #104			STREET ADDRESS	<i>3655 Havenwood Rd</i>		
CITY-ST-ZIP	ORANGE PARK, FL 32065			CITY-ST-ZIP	<i>Middleburg, FL 32068</i>		
TITLE	Kenneth A	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<i>Clark, Kenneth A</i>			NAME			
STREET ADDRESS	<i>3655 Havenwood Rd</i>			STREET ADDRESS			
CITY-ST-ZIP	<i>Middleburg, FL 32068</i>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <i>2/24/04</i>	Daytime Phone #: <i>9047592600</i>
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