

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000060018

Entity Name: VERAXSYS INC.

FILED  
Apr 28, 2004  
Secretary of State

## Current Principal Place of Business:

1697 LATHAM RD  
W PALM BCH, FL 33409

## New Principal Place of Business:

7008 ESPER BAY  
BOYNTON BEACH, FL 33436

## Current Mailing Address:

1697 LATHAM RD  
W PALM BCH, FL 33409

## New Mailing Address:

7008 ESPER BAY  
BOYNTON BEACH, FL 33436

FEI Number: 02-0613417

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED  
660 EAST JEFFERSON STREET  
TALLAHASSEE, FL 323010000 US

## 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: D ( ) Delete  
Name: CALLANAN, TIMOTHY  
Address: 1697 LATHAM RD  
City-St-Zip: W PALM BCH, FL 33409

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: CALLANAN, TIMOTHY  
Address: 7008 ESPER BAY  
City-St-Zip: BOYNTON BEACH, FL 33436

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: TIMOTHY CALLANAN

D

04/28/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date