2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2004 08:00 AM Secretary of State **DOCUMENT # P02000062480** WHITEFIN SCANNING SOLUTIONS, INC. Mailing Address Principal Place of Business 628 WECHSLER CIR 628 WECHSLER CIR ORLANDO, FL 32824 ORLANDO, FL 32824 04122004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 04-3690029 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent WHITE, MELANI B DO NOT WRITE **628 WECHSLER CIRCLE** ORLANDO, FL 32824 IN THIS SPACE 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. equired when edustration) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS WHITE, MELANI B NAME 628 WECHSLER CIR STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32824 TITLE NAME WHITE, BRIAN A 04/28/04-80039-015 150.00 STREET ADDRESS 628 WECHSLER CIR CITY-ST-7IP ORLANDO, FL 32824 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TTI F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED

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: Melay B. What Man B. White. 41904

SIGNATURE AND TYPES ON PRINTED NAME OF SIGNING OFFICER DR DIRECTOR

Daysing Phone #

TITLE
NAME
STREET ADDRESS
CITY - ST - 71P