2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000071528

1. Entity Name

EXUMA TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

3900 WOODLAKE BLVD. STE. 200 LAKE WORTH, FL. 33463 3900 WOODLAKE BLVD.

STE. 200

SIGNATURE AND TYPED OR PRINTED HALLE OF SIGNING OFFICER OR DIRECTOR

LAKE WORTH, FL 33463



FILED

Jan 20, 2004 08:00 AM Secretary of State

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01142004 No Chg-P CR2E034 (10/03)

4. FEI Number 16-1615447 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5619692882

COLLINS, CAM

3900 WOODLAKE BLVD. STE. 200 LAKE WORTH, FL 33463

SIGNATURE:

111 11	 			100	ITI	
IN	H	IS	S	PA	CE	***

a. 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.										
CIONIATION										
SIGNATURE.	Signature, typed or printed name of regulatored agent and title if	applicable. (NOTE: Registered	Agent signstum	equired when reinstating)	CATE					
9. Election Campaign Finan				¢5.00						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Co				\$5.00 May Be Added to Fees						
10.	OFFICERS AND DIREC	TORS	ه پښته ندل د	وَ وَا وَا مُونِينِهِ مِنْ الْمُعْلِينِ اللَّهِ اللَّهِ اللَّهِ اللَّهِ اللَّهِ اللَّهِ اللَّهِ اللَّهِ اللَّ						
TITLE	D DEATH WHITE									
NAME STREET ADDRESS	BEATY, KEITH D 3900 WOODLAKE BLVD., STE. 200									
CITY-ST-ZIP	LAKE WORTH, FL 33463									
TITLE	D				U00000008217					
NAME	COLLINS, CAM				01/20/04-80030-005 150.00					
STREET ADDRESS City-St-Zip	3900 WOODLAKE BLVD., STE. 200 LAKE WORTH, FL. 33463									
TITLE	THE TOTAL STATE OF THE STATE OF									
HAME				er in Kres						
STREET ADDRESS				mn	NOT WRITE					
CITY-ST-ZP	<u> </u>		hidish	contracting the first section of the properties of the Ta	in the second contract of the second					
TITLE Name				IN 1	THIS SPACE					
STREET ADDRESS										
CITY-ST-ZIP			กรานกาม สามาร์	edhabhahais						
TITLE			Anna da	a constant to a second to						
NAME					可以自己是在各种的特色的。					
STREET ADDRESS			kija salati. Salatiari i	The state of the s	and the second of the second o					
TITLE										
NAME										
STREET ADDRESS		i								
CITY-ST-ZIP			# 14 14 14 14 14 14 14 14 14 14 14 14 14							
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florids 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 of 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 attact part with language from the language for the corporation of the corporation of the corporation.										
or the corporation or the receiver on trustee empowered to execute this report as required by Chapter 807, Horida 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.										