


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90124 049 \*\*\*150.00

<b>DOCUMENT # P02000078295</b>	
1. Entity Name <b>INFINITE THROUGHPUT SYSTEMS, INC.</b>	

Principal Place of Business <b>1133 BERWICK WAY CARY, NC 27513</b>	Mailing Address <b>1133 BERWICK WAY CARY, NC 27513</b>
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2. Principal Place of Business <b>273 Derby Avenue</b> Suite, Apt. #, etc. <b>Unit # 608</b> City & State <b>Derby, CT</b> Zip <b>06418</b> Country <b>USA</b>	3. Mailing Address <b>273 Derby Avenue</b> Suite, Apt. #, etc. <b>Unit # 608</b> City & State <b>Derby, CT</b> Zip <b>06418</b> Country <b>USA</b>
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04122004 Chg-P CR2E034 (10/03)

4. FEI Number <b>52-2372464</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>- CERVENY, JANICE F 4100 NORTH HWY A1A, UNIT 331 NORTH HUTCHINSON ISLAND, FL 34949</b>	7. Name and Address of New Registered Agent Name <b>Cerveny, Janice F.</b> Street Address (P.O. Box Number is Not Acceptable) <b>9604 Crooked Stick Lane</b> <b>Port St. Lucie</b> <b>FL</b> Zip Code <b>34986</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CHAN, KEVIN</b> <b>1133 BERWICK VALLEY LANE</b> <b>CARY, NC 27513</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Chan, Kevin</b> <b>273 Derby Avenue Unit # 608</b> <b>Derby, CT 06418</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AD</b> <b>CHAN, BRENDA E</b> <b>1133 BERWICK VALLEY LN</b> <b>CARY, NC 27513</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AD</b> <b>Chan, Brenda E.</b> <b>273 Derby Avenue Unit # 608</b> <b>Derby, CT 06418</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CERVANY, JANICE F</b> <b>4100 N.HWY. A1A UNIT 331</b> <b>N HUTCHINSON ISLAND, FL 34949</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Cerveny, Janice F.</b> <b>9604 Crooked Stick Lane</b> <b>Port St. Lucie, FL 34986</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Brenda E. Chan* **4/12/04** **(203) 735-5107**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #