2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2004
Secretary of State

DOCUMENT# P02000120698

Entity Name: SHIFTLOGIC, INC.

Current Principal Place of Business:

11694 PIPIT COURT
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

11694 PIPIT COURT
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 52-2385482 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZUCKER, SCOTT
11694 PIPIT COURT
WELLINGTON, FL 33414

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:	ZUCKER, SCOTT	
Address:	11694 PIPIT COURT	
City-St-Zip:	WELLINGTON, FL 33414	
Title:	VP	( ) Delete
Name:	ZUCKER, SHANE	
Address:	11694 PIPIT COURT	
City-St-Zip:	WELLINGTON, FL 33414	
Title:	P	( ) Delete
Name:	ELLIS, JOHN	
Address:	320 MONROE DR	
City-St-Zip:	WEST PALM BEACH, FL 33405	
Title:	D	( ) Delete
Name:	NORTH, PATRICIA	
Address:	320 MONROE DR	
City-St-Zip:	WEST PALM BEACH, FL 33405	
Title:	ST	( ) Delete
Name:	GROENVELD, KATHERINE	
Address:	1586 OLD CYPRESS TR	
City-St-Zip:	WELLINGTON, FL 33414	
Title:	D	( ) Delete
Name:	GRONENVELD, CHRISTINE	
Address:	1586 OLD GYPRESS TR	
City-St-Zip:	WELLINGTON, FL 33414	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	ST	(X) Change ( ) Addition
Name:	GROENEVELD, KATHERINE	
Address:	1586 OLD CYPRESS TR	
City-St-Zip:	WELLINGTON, FL 33414	
Title:	D	(X) Change ( ) Addition
Name:	GROENEVELD, CHRISTINE	
Address:	1586 OLD GYPRESS TR	
City-St-Zip:	WELLINGTON, FL 33414	

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: KATHERINE E. GROENEVELD ST 03/02/2004

Electronic Signature of Signing Officer or Director — Date