2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000015494

FILED Jan 06, 2004 Secretary of State

Entity Name: ANISTAR TECHNOLOGIES CORPORATION							
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:			
405 REO S TAMPA, FI	ST STE 115 L 33609						
Current Mailing Address:			New Maili	New Mailing Address:			
405 REO S TAMPA, F	ST STE 115 L 33609						
FEI Number:	25-1902070	FEI Number Applied For()	FEI Number Not Appl	icable()	Certificate of Status Desire	ed ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
	A. DARVIN JF /ISTOCK DR L 33626 US		10626 TAV	BOOTHE, DARVIN A JR 10626 TAVISTOCK DR TAMPA, FL 33626 US			
	named entity s of Florida.	submits this statement for the pu	urpose of changing i	ts registered	office or registered agent,	or both,	
SIGNATUR	RE: DARVIN I	BOOTHE		01/06/2004			
	Electron	ic Signature of Registered Ager	nt		Date		
Election Car	npaign Financin	g Trust Fund Contribution ().					
OFFICERS	S AND DIREC	TORS:	ADDITION	S/CHANGE	S TO OFFICERS AND DI	RECTORS:	
Title: Name: Address: City-St-Zip:	P () BOOTHE, A DA 10626 TAVISTO TAMPA, FL 330	OCK DR	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () FREEMAN, JOH 14834 FEATHE CLEARWATER	R COVE LN	Title: Name: Address: City-St-Zip:	D (FREEMAN, JO 8808 GRACE TAMPA, FL			
Title: Name: Address: City-St-Zip:	D () JENSEN, COR` 14798 FEATHE CLEARWATER	R COVE RD	Title: Name: Address: City-St-Zip:	JENSEN, CO	IER COVE RD		
Title: Name: Address: City-St-Zip:	D () SPANKE, MATT 2421 W HORAT TAMPA, FL 330	TIO ST APT 825	Title: Name: Address: City-St-Zip:	D (SPANKE, MA 1000 HORATI TAMPA, FL 3	IO APT# 211		
Title: Name: Address: City-St-Zip:	D () GLOER, PATRI 10107 BENNIN TAMPA, FL 33	GTON DR	Title: Name: Address: City-St-Zip:	() Change () Addition		

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: CORY JENSEN 01/06/2004 D