2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000018871

FILED Jan 21, 2004 Secretary of State

Entity Name: PROFOUND TECHNOLOGIES, INC. Current Principal Place of Business: New Principal Place of Business: 18111 SW 18 STREET 11264, PINES BLVD MIRAMAR, FL 33029 PEMBŔOKE PINES, FL 33026 **Current Mailing Address: New Mailing Address:** 18111 SW 18 STREET 11264, PINES BLVD MIRAMAR, FL 33029 PEMBŔOKE PINES, FL 33026 FEI Number: 33-1045372 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BATHI, RAVI C KANTIPUDI, SRIDHAR 18111 SW 18 STREET 11264, PINES BLVD MIRAMAR, FL 33029 PEMBŘOKE PINES, FL 33026 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: KANTIPUDI SRIDHAR 01/21/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition BATHI, RAVI C Name: Name: 18111 SW 18 STREET Address: Address: City-St-Zip: MIRAMAR, FL 33029 City-St-Zip: Title: () Change (X) Addition Title: () Delete KANTIPUDI, SRIDHAR Name: Name: 3088 SW 181 TR Address: Address: MIRAMAR, FL 33029 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change (X) Addition DUGGARAJU, VENKATESHWAR R Name: Name: 17728 SW 20TH STREET Address Address: City-St-Zip: City-St-Zip: MIRAMAR, FL 33029 Title: () Delete Title: () Change (X) Addition ADI, ANIL Name: Name: Address: Address: 349, NW 153RD AVE City-St-Zip: City-St-Zip: PEMBROKE PINES, FL 33028 Title: Title: () Change (X) Addition () Delete DEVOJU, TIRUMALA CHARY Name: Name: Address: Address: 349. NW 153RD AVE PEMBROKE PINES, FL 33028 City-St-Zip: City-St-Zip:

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: RAVI BATHI D 01/21/2004

() Delete

Title:

Name:

Address:

City-St-Zip:

() Change (X) Addition

KALLEM, LAXMIKANTH

1853, SW 176TH WAY

MIRAMAR, FL 33029