

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000024233

FILED
May 06, 2004
Secretary of State

Entity Name: SLAYER TECHNOLOGIES, INC.

Current Principal Place of Business:

4205 PAYTON ST.
SPRING HILL, FL 34609

New Principal Place of Business:

Current Mailing Address:

4205 PAYTON ST.
SPRING HILL, FL 34609

New Mailing Address:

FEI Number: 75-3102499

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DAVIDSON, MIKE
Address: 4205 PAYTON ST.
City-St-Zip: SPRING HILL, FL 34609

Title: VSTD () Delete
Name: SNELL, AMANDA K
Address: 4205 PAYTON ST.
City-St-Zip: SPRING HILL, FL 34609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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.

SIGNATURE: MIKE DAVIDSON

PD

05/06/2004

Electronic Signature of Signing Officer or Director

Date