2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 24, 2004 8:00 am Secretary of State DOCUMENT # P03000064934 1. Entity Name 05-03-2004 90392 041 ***150.00 DETECT, INC. Principal Place of Business Mailing Address 400 SOUTH MACARTHUR PANAMA CITY FL 32401 400 SOUTH MACARTHUR PANAMA CITY FL 32401 66423807 2. Principal Place of Business Mailing Address 621 W. Baldwin 621 W. Baldwin Cod Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number Parama F۱ Panama 54 -2113454 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired ύ.S \mathcal{A} Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Ronald L. Merritt MERRITT, RONALD L Street Address (P.O. Box Number is Not Acceptable) 400 SOUTH MACARTHUR PANAMA CITY FL 32401 Zip Code 32 u.0 S a. 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OP TITLE ☐ Delete TITLE Change ☐ Addition MERRITT, RONALD L Merritt, Ronald L 621 W. Baldwin Road MALIE NAME STREET ADDRESS 400 SOUTH MACARTHUR STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32401 CITY - ST - ZIP Panama City, FL 32405 ☐ Delete TEG ☐ Change ☐ Addition KELLY, THOMAS A Kelly, Thomas A 507 Hwy aa 97 MAME NAME STREET ADDRESS 507 HIGHWAY 2297 STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32404 CITY-ST-ZIE ☐ Detete ☐ Change ■ Addition MAME NAREF STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MANAG STREET ADDRESS STREET ADDRESS CITY-ST-7F CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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

FILED