2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000069959

Entity Name: A HIGHER TECHNICAL COMMITMENT, INC.

FILED Sep 07, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

21220 NE 9TH CT

NORTH MIAMI BEACH, FL 33179

Current Mailing Address: New Mailing Address:

21220 NE 9TH CT NORTH MIAMI BEACH, FL 33179

FEI Number: 20-0111231 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:

TRIBUCH, KENNETH H ESQ.
2100 CORAL WAY., SUITE 403
MIAMI, FL 33145
US

ROBINSON, GARRICK D
12160 NE MIAMI CT
MIAMI, FL 33161
US

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: GARRICK D. ROBINSON 09/07/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: PD (X) Change () Addition Name: ROBINSON, GARRICK D Name: ROBINSON, GARRICK D

Address: 21220 NE 9TH CT
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Address: NORTH MIAMI BEACH, FL 33179

NORTH MIAMI BEACH, FL 33179

Title: () Delete Title: VP () Change (X) Addition
Name: WILSON MICHELLE

 Name:
 Name:
 WILSON, MICHELLE

 Address:
 Address:
 12160 NE MIAMI CT

 City-St-Zip:
 City-St-Zip:
 NORTH MIAMI, FL 33161

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: GARRICK D ROBINSON PD 09/07/2004