

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000071845

Entity Name: DIGITAL IDENTITY, INC.

FILED
Apr 26, 2004
Secretary of State

Current Principal Place of Business:

P.O. BOX # 1672
WEST PALM BEACH, FL 33402

New Principal Place of Business:

Current Mailing Address:

P.O. BOX # 1672
WEST PALM BEACH, FL 33402

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHAEL, RAE BURN
524 DATURA STREET
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

FRANCIE, AMBROSE
P.O. BOX #1672
WEST PALM BEACH, FL 33402 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: FRANCIE AMBROSE

04/26/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MS. () Change (X) Addition
Name: AMBROSE, FRANCIE
Address: P.O. BOX #1672
City-St-Zip: WEST PALM BEACH, FL 33402

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: FRANCIE AMBROSE

MS.

04/26/2004

Electronic Signature of Signing Officer or Director

Date