

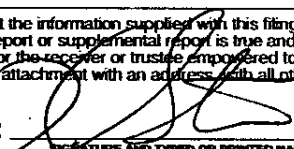


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90086 042 ***150.00

DOCUMENT # P03000105410 1. Entity Name DIGITAL EVIDENCE, INC.					
Principal Place of Business 28 WEST FLAGLER STREET SUITE 305, COURTHOUSE PLAZA MIAMI, FL 33130 US			Mailing Address 28 WEST FLAGLER STREET SUITE 305, COURTHOUSE PLAZA MIAMI, FL 33130 US		
2. Principal Place of Business 524 S. ANDREWS AVE. Suite, Apt. #, etc. 102 N City & State FT. LAUDERDALE, FL Zip 33301 Country BROWARD		3. Mailing Address 8550 S.W. 208 STREET Suite, Apt. #, etc. City & State MIAMI, FL Zip 33189 Country MIAMI-DADE			
4. FEI Number 30-0218944		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		04182004 Chg-P CR2E034 (10/03)			
6. Name and Address of Current Registered Agent STERN, KENNETH H 8550 SW 208 STREET MIAMI, FL 33189			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete STERN, KENNETH H 8550 SW 208 STREET MIAMI, FL 33189		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby 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 changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: 		KENNETH H. STERN		4/19/04 (305) 431-4535	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	