

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000151497

FILED
Mar 18, 2004
Secretary of State

Entity Name: ELEMENTS SOFTWARE, INC.

Current Principal Place of Business:

4019 CORONA STREET
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

4019 CORONA STREET
TAMPA, FL 33629

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BLUMENCRANZ, LISA E
4019 CORONA STREET
TAMPA, FL 33629 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: BLUMENCRANZ, LISA E
Address: 4019 CORONA STREET
City-St-Zip: TAMPA, FL 33629

Title: COB () Delete
Name: BLUMENCRANZ, LISA E
Address: 4019 CORONA STREET
City-St-Zip: TAMPA, FL 33629

Title: SEC () Delete
Name: BLUMENCRANZ, LISA E
Address: 4019 CORONA STREET
City-St-Zip: TAMPA, FL 33629

Title: CTO () Delete
Name: MUELLER, THORSTEN
Address: 9659 135TH STREET NORTH
City-St-Zip: SEMINOLE, FL 33776

Title: VCOB () Delete
Name: MUELLER, THORSTEN
Address: 9659 135TH STREET NORTH
City-St-Zip: SEMINOLE, FL 33776

Title: TRES () Delete
Name: MUELLER, THORSTEN
Address: 9659 135TH STREET NORTH
City-St-Zip: SEMINOLE, FL 33776

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: BLUMENCRANZ, LISA E
Address: 4019 CORONA STREET
City-St-Zip: TAMPA, FL 33629

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

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

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

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: LISA E. BLUMENCRANZ

CEO

03/18/2004

Electronic Signature of Signing Officer or Director

_____ Date