




# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90239 037 \*\*\*150.00

<b>DOCUMENT # P04000024136</b> 1. Entity Name <b>TECHSWAN, INC.</b>					
Principal Place of Business <b>350 E. LAS OLAS BLVD., SUITE 1700 FT. LAUDERDALE, FL 33301</b>				Mailing Address <b>350 E. LAS OLAS BLVD., SUITE 1700 FT. LAUDERDALE, FL 33301</b>	
2. Principal Place of Business <b>2950 WEST CYPRESS CREEK RD</b>		3. Mailing Address <b>2950 WEST CYPRESS CREEK RD</b>			
Suite, Apt. #, etc. <b>SUITE 203</b>		Suite, Apt. #, etc. <b>SUITE 203</b>		04192005 Chg-P CR2E034 (10/03)	
City & State <b>FORT LAUDERDALE FL</b>		City & State <b>FORT LAUDERDALE FL</b>		4. FEI Number <b>04-3784848</b>	
Zip <b>33309</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PEARLMAN, CHARLES B 350 E. LAS OLAS BLVD., SUITE 1700 FT. LAUDERDALE, FL 33301</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMATO, ANTHONY 350 E. LAS OLAS BLVD., SUITE 1700 FT. LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RALPH GENESI 2950 WEST CYPRESS CREEK ROAD SUITE 203 FORT LAUDERDALE FL 33309	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUTNICK, BOB 350 E. LAS OLAS BLVD., SUITE 1700 FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2950 WEST CYPRESS CREEK ROAD SUITE 203 FORT LAUDERDALE FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLAND, GERRY 350 E. LAS OLAS BLVD., SUITE 1700 FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2950 WEST CYPRESS CREEK ROAD SUITE 203 FORT LAUDERDALE FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEE, DAVID 350 E. LAS OLAS BLVD., SUITE 1700 FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2950 WEST CYPRESS CREEK ROAD SUITE 203 FORT LAUDERDALE FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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: 			4/25/05 954 449 2696		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		