

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000035032

Entity Name: CDS TECHNOLOGY INC.

FILED
Apr 27, 2005
Secretary of State

Current Principal Place of Business:

990 S. CONGRESS AVENUE SUITE #5
SUITE #5
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

5701 BOYNTON COVE WAY
BOYNTON BEACH, FL 33437

New Mailing Address:

FEI Number: 51-0436117

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUBERISSE, JEAN "JIMMY" D
5701 BOYNTON COVE WAY
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

LUBERISSE, JEAN JIMMY
5701 BOYNTON COVE WAY
BOYNTON BEACH, FL 33437 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: LUBERISSE JEAN

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P.CH () Delete
Name: LUBERISSE, JEAN JIMMY D
Address: 5701 BOYNTON COVE WAY
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VP.T () Delete
Name: BASTIEN, PERLO B
Address: 317 1ST AVENUE
City-St-Zip: DELRAY BEACH, FL 33437

Title: D (X) Delete
Name: CASTRO, YUONIOR
Address: 3001 RIDGE WAY
City-St-Zip: WEST PALM BEACH, FL 33405

Title: D (X) Delete
Name: RENE, JEAN M.
Address: 5049 ASHLEY LAKE
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LUBERISSE, JIMMY
Address: 5701 BOYNTON COVE WAY
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VP (X) Change () Addition
Name: BASTIEN, PERLO
Address: 317 1ST AVENUE
City-St-Zip: DELRAY BEACH, FL 33437

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: LUBERISSE JEAN

P

04/27/2005

Electronic Signature of Signing Officer or Director

Date