


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90073 028 ***150.00

DOCUMENT # P04000140656 1. Entity Name GEIST TECHNOLOGIES, CORP.																					
Principal Place of Business 575 OAKS LANE UNIT# 310 POMPANO BEACH, FL 33069			Mailing Address 575 OAKS LANE UNIT# 310 POMPANO BEACH, FL 33069																		
2. Principal Place of Business		3. Mailing Address																			
Suite, Apt. #, etc.		Suite, Apt. #, etc.																			
City & State		City & State																			
Zip	Country	Zip	Country	4. FEI Number 11-3728925																	
5. Certificate of Status Desired <input type="checkbox"/>				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																	
6. Name and Address of Current Registered Agent DUMONT, STEVEN 575 OAKS LANE UNIT #310 POMPANO BEACH, FL 33069				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 reinstating) DATE _____																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P DUMONT, STEVEN <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>575 OAKS LANE, UNIT# 310</td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>POMPANO BEACH, FL 33069</td> </tr> </table>			TITLE	P DUMONT, STEVEN <input type="checkbox"/> Delete	NAME		STREET ADDRESS	575 OAKS LANE, UNIT# 310	CITY- ST- ZIP	POMPANO BEACH, FL 33069	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"> Executive Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Melissa C. Dumont 575 OAKS LANE #310 Pompano Beach, FL 33069 </td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> </tr> </table>			TITLE	Executive Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Melissa C. Dumont 575 OAKS LANE #310 Pompano Beach, FL 33069	NAME		STREET ADDRESS		CITY- ST- ZIP	
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| 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: **3/5/05** **561 271-0022** Date Daytime Phone # | | | | | |