

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 27, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000059670**

1. Entity Name  
**DISC MOTION TECHNOLOGIES, INC.**



Principal Place of Business

**1900 CORPORATE BLVD  
# 400 E  
BOCA RATON, FL 33431**

Mailing Address

**1900 CORPORATE BLVD  
# 400 E  
BOCA RATON, FL 33431**



07102007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**04-3839659**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CARLSON, JUD  
1900 CORPORATE BLVD  
# 400 E  
BOCA RATON, FL 33431**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KRISHNA, MANOJ
STREET ADDRESS	49 GOOSEPASTURES
CITY-ST-ZIP	YARM.TS159EP9 UNITED KINGDOM,
TITLE	D
NAME	FRIESEM, TAI
STREET ADDRESS	20 THATCH LANE,INGLEBY BARWICK,
CITY-ST-ZIP	STOCKTON-ON-TEESTS17 OTN,UK,
TITLE	PCEO
NAME	CARLSON, JUD
STREET ADDRESS	1900 CORPORATE BLVD., STE. 400
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	D
NAME	GOEL, VIJAY PHD
STREET ADDRESS	1900 CORPORATE BLVD., STE. 400
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/27/07-80005-014 558.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

7/11/07 (561) 988-6846