

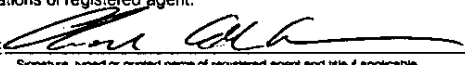



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90028 021 ***150.00

DOCUMENT # P40052 1. Entity Name DISK TECHNOLOGIES CORPORATION OF DELAWARE																																	
Principal Place of Business 6961 HANGING MOSS ROAD ORLANDO, FL 32807 US			Mailing Address 6961 HANGING MOSS ROAD ORLANDO, FL 32807 US																														
2. Principal Place of Business 920 GREENTREE DRIVE Suite, Apt. #, etc.		3. Mailing Address 920 GREENTREE DR Suite, Apt. #, etc.																															
City & State WINTER PARK, FL Zip Country 32789 USA		City & State WINTER PARK, FL Zip Country 32789 USA		03222005 Chg-P CR2E034 (10/03)																													
4. FEI Number 59-3096516				Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent AMOS, C A 6961 HANGING MOSS ROAD ORLANDO, FL 32807			7. Name and Address of New Registered Agent Name AMOS, C. A. Street Address (P.O. Box Number is Not Acceptable) 920 GREENTREE DRIVE City WINTER PARK FL Zip Code 32789																														
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  DATE 3-22-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing.)</small>																																	
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: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> PTD AMOS, C. ALLEN 6961 HANGING MOSS ROAD ORLANDO, FL 32807 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD AMOS, C. ALLEN 6961 HANGING MOSS ROAD ORLANDO, FL 32807 <input type="checkbox"/> Delete													11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> PTD AMOS, C. ALLEN 920 GREENTREE DRIVE WINTER PARK, FL 32789 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD AMOS, C. ALLEN 920 GREENTREE DRIVE WINTER PARK, FL 32789 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition												
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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:  C Allen Amos 3/22/05 407-671-5500 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																	