2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000008576

Address:

City-St-Zip:

1627 NORTH SWINTON AVENUE

DELRAY BEACH, FL

Entity Name: IDENTIFICATION PLUS, INC.

FILED Apr 13, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 345 NE 3RD AVE DELRAY BEACH, FL 33444 **Current Mailing Address: New Mailing Address:** PO BOX 1901 DELRAY BEACH, FL 33447 FEI Number: 65-0379573 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CLEVELAND, DONALD L 1627 NORTH SWINTON AVENUE DELRAY BEACH, FL 33444 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition CLEVELAND, CRYSTAL Name: Name: 1627 NORTH SWINTON AVENUE Address: Address: City-St-Zip: DELRAY BEACH, FL City-St-Zip: Title: Title: () Delete () Change () Addition Name: CLEVELAND, DONALD T Name: 1627 NORTH SWINTON AVENUE Address: Address: DELRAY BEACH, FL City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition CLEVELAND, CASEY Name: Name: 1627 NORTH SWINTON AVENUE Address: Address: City-St-Zip: DELRAY BEACH, FL City-St-Zip: Title: () Delete Title: () Change () Addition CLEVELAND, BECKY Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: DONALD L. CLEVELAND PRES 04/13/2004