2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004
Secretary of State

DOCUMENT# P93000084646

Entity Name: EQUIS SOFTWARE SYSTEMS, INC.

Current Principal Place of Business:

4141 PINE FOREST RD.
CANTONMENT, FL 32533

New Principal Place of Business:

4141 PINE FOREST RD.
CANTONMENT, FL 325336545 US

Current Mailing Address:

4141 PINE FOREST RD.
CANTONMENT, FL 32533

New Mailing Address:

4141 PINE FOREST RD.
CANTONMENT, FL 325336545 US

FEI Number: 59-3218476 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEARD, JOYCE
4141 PINE FOREST RD.
CANTONMENT, FL 32533 US

Name and Address of New Registered Agent:

BEARD, JOYCE
4141 PINE FOREST RD.
CANTONMENT, FL 325336545 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: _____ 04/20/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BEARD, JOYCE
Address: 4141 PINE FOREST RD.
City-St-Zip: CANTONMENT, FL 32533

Title: STD ( ) Delete
Name: KILLINGSWORTH, KATHRYN B
Address: 2172 W. NINE MILE RD, #164
City-St-Zip: PENSACOLA, FL 32534

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BEARD, JOYCE
Address: 4141 PINE FOREST RD.
City-St-Zip: CANTONMENT, FL 325336545 US

Title: STD (X) Change ( ) Addition
Name: KILLINGSWORTH, KATHRYN B
Address: 2172 W. NINE MILE RD, #164
City-St-Zip: PENSACOLA, FL 32534 US

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: JOYCE BEARD PRES 04/20/2004
Electronic Signature of Signing Officer or Director — Date