


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000009296</b> 1. Entity Name <b>BIT-CON, INC.</b>	
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Principal Place of Business  
3020 N MILITARY TRAIL  
STE 100  
BOCA RATON, FL 33431

Mailing Address  
PO BOX 970386  
BOCA RATON, FL 33497



01182005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0473092</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

SERGEANT, HARRY JR.  
3020 N MILITARY TRAIL  
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 \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

1100000199509

01/27/05-80095-001 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRY, SERGEANT JR 3020 N MILITARY TRAIL STE 100 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DANIEL, SERGEANT 3020 N MILITARY TRAIL STE 100 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTHONY MYERS 3020 N MILITARY TRAIL STE 100 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHELLGREN, JON D 3020 N MILETRAY TRAIL STE 100 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**  **ANTHONY MYERS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jan 18/05** **561-999-9916**  
Date Daytime Phone #