
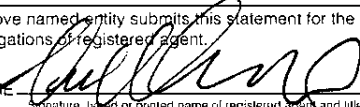
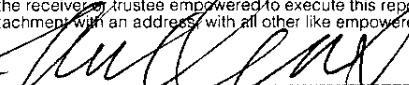


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90025 034 ***158.75

DOCUMENT # P94000010907 1. Entity Name CITRA SCIENCE CORP.					
Principal Place of Business 2875 MCI DRIVE PINELLAS PARK, FL 33782			Mailing Address 2875 MCI DR PINELLAS PARK, FL 33782		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-1227353				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				03022004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent DOTOLO, VINCENT A 2875 MCI DR PINELLAS PARK, FL 33782			7. Name and Address of New Registered Agent Name DOTOLO, VINCENT A. Street Address (P.O. Box Number is Not Acceptable) 2875 MCI DRIVE City PINELLAS PARK FL 33782		
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  VINCENT A. DOTOLO 3-12-04 <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOTOLO, CONNIE C <input checked="" type="checkbox"/> Delete 2875 MCI DRIVE PINELLAS PARK, FL 33782		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOTOLO, VINCENT A <input checked="" type="checkbox"/> Delete 2875 MCI DRIVE PINELLAS PARK, FL 33782		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER VINCENT A. DOTOLO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2875 MCI DRIVE PINELLAS PARK, FL 33782	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MARIA DOTOLO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2875 MCI DRIVE PINELLAS PARK, FL 33782	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MARIA DOTOLO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2875 MCI DRIVE PINELLAS PARK, FL 33782	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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, 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  VINCENT A. DOTOLO <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-12-04 (927) 217-9600 <small>Date Daytime Phone #</small>		

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