2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P94000073828

FILED Aug 10, 2005 Secretary of State

Entity Name: WITTEN TECHNOLOGIES, INC. **Current Principal Place of Business: New Principal Place of Business:** 1365 WINDSOR HARBOR DRIVE JACKSONVILLE, FL 32225 **Current Mailing Address: New Mailing Address:** 1365 WINDSOR HARBOR DR JACKSONVILLE, FL 32225 US FEI Number: 59-3284628 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: HURSE, BRIAN H SR 1365 WINDSOR HARBOR DR JACKSONVILLE, FL 32225 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition GREEN, ROBERT E GREEN, ROBERT E CEO Name: Name: 3638 OVERLOOK AVE 3638 OVERLOOK AVE Address: Address: City-St-Zip: MACON, GA 31204 City-St-Zip: MACON, GA 31204 Title: Title: () Change () Addition () Delete Name: MILNE, DOUG Name:

 Name:
 MILNE, DOUG
 Name:

 Address:
 4595 LEXINGTON AVE
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32210 US
 City-St-Zip:

Title: D () Delete Title: D/O (X) Change () Addition Name: HURSE, BRIAN H EVP

Address: 1365 WINDSOR HARBOR DR City-St-Zip: JACKSONVILLE, FL 32225 US Name: HURSE, BRIAN H EVP

Address: 1365 WINDSOR HARBOR DR

City-St-Zip: JACKSONVILLE, FL 32225 US

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 HOGAN, MICHAEL

 Address:
 Address:
 5007 EAGLE POINT DRIVE

 City-St-Zip:
 City-St-Zip:
 JACKSONVILLE, FL
 32210

Title: () Delete Title: O () Change (X) Addition

 Name:
 Name:
 KRAUSE, JOHN L SR. VP

 Address:
 Address:
 2324 GATES DR

 City-St-Zip:
 City-St-Zip:
 TALLAHASSEE, FL 32312

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: BRIAN H HURSE EVP 08/10/2005