2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 23, 2004 08:00 AM Secretary of State DOCUMENT # P95000009027 Entity Name INTERSOFT CORPORATION Principal Place of Business Mailing Address 3100 S DIXIE HWY, 94 3100 S DIXIE HWY, 94 BOCA RATON, FL 33432 BOCA RATON, FL 33432 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FF1 Number Applied For 65-0552233 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PETERSON, DENNIS G DO NOT WRITE 3100 S, DIXIE HIGHWAY IN THIS SPACE BOCA RATON, FL 33432 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS MPTS TITLE PETERSON, DENNIS G NAME STREET ADDRESS 3100 S DIXIE HWY, 94 U00000012071 01/23/04-80063-021 150.00 CITY-ST-ZIP BOCA RATON, FL 33432 MILE PETERSON, SANDRA B NAME STREET ADDRESS 1310 PALMERS GROVE ROAD CITY-ST-ZIP HILLSBOROUGH, NC 27278 TITLE NAME STREET ADDRESS DO NOT WRITE CITY- ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information applied with this filling 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 supplier feltal 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 furstee 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 sectionered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19/04 561-391-8525

FILED