2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004
Secretary of State

DOCUMENT# P95000064286

Entity Name: DIGITAL AUTHENTICATION TECHNOLOGIES, INC.

Current Principal Place of Business:

8130 GLADES ROAD
#368
BOCA RATON, FL 33434 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 811564
BOCA RATON, FL 33481 US

New Mailing Address:

FEI Number: 65-0617160 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HCRM CORP.
2200 CORPORATE BLVD., NW
SUITE 401
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P/S	( ) Delete
Name:	DUBE, ROGER R DR	
Address:	8130 GLADES ROAD, #368	
City-St-Zip:	BOCA RATON, FL 33434	
Title:	V	( ) Delete
Name:	MILSTEIN, MARK	
Address:	4350 RENAISSANCE PKWY STE D	
City-St-Zip:	WARRENSVILLE HGTS., OH 44128	
Title:	T	( ) Delete
Name:	LEVY, JOEL	
Address:	2101 CORPORATE BLVD, SUITE 317	
City-St-Zip:	BOCA RATON, FL 33431	
Title:	C	( ) Delete
Name:	MORGENSTERN, RICHARD L	
Address:	8130 GLADES ROAD, #368	
City-St-Zip:	BOCA RATON, FL 33434	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: ROGER DUBE DR. 03/26/2004

Electronic Signature of Signing Officer or Director Date