

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000064286

FILED
May 16, 2005
Secretary of State

Entity Name: DIGITAL AUTHENTICATION TECHNOLOGIES, INC.

Current Principal Place of Business:

8130 GLADES ROAD
#368
BOCA RATON, FL 33434 US

Current Mailing Address:

PO BOX 811564
BOCA RATON, FL 33481 US

New Principal Place of Business:

1900 GLADES ROAD
SUITE #441
BOCA RATON, FL 33431 US

New Mailing Address:

1900 GLADES ROAD
SUITE #441
BOCA RATON, FL 33431 US

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: P/S (X) Change () Addition
Name: DUBE, ROGER R DR
Address: 1900 GLADES ROAD, SUITE 441
City-St-Zip: BOCA RATON, FL 33431

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

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

Title: C (X) Change () Addition
Name: MORGENSTERN, RICHARD L
Address: 1900 GLADES ROAD, SUITE 441
City-St-Zip: BOCA RATON, FL 33431

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.

05/16/2005

Electronic Signature of Signing Officer or Director

Date