


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90020 038 ***150.00

DOCUMENT # P95000094748	
1. Entity Name TECHNOLOGY PLACE, INC.	

Principal Place of Business 3299 NW 2 AVENUE SUITE 200 BOCA RATON FL 33431 US	Mailing Address P. O. BOX 811135 BOCA RATON FL 33481-1135 US
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24049013



MOORE CR2E034 (11/03)

2. Principal Place of Business 7999 N. Federal Hwy Suite, Apt. #, etc. Ste 202	3. Mailing Address P.O. Box 811135 Suite, Apt. #, etc.
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City & State Boca Raton, FL	City & State Boca Raton, FL
Zip 33487	Country USA
Zip 33481	Country USA

4. FEI Number 65-0634769	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DAVID A. RUSTINE 3299 NW 2 AVENUE SUITE 200 BOCA RATON FL 33431	
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7. Name and Address of New Registered Agent David A. Rustine 7999 N. Federal Hwy Suite 202 Boca Raton FL 33487	
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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: David A. Rustine David A. Rustine as President 4/1/04	
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PSTD	<input type="checkbox"/> Delete	TITLE PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RUSTINE, DAVID A		NAME Rustine, David A.	
STREET ADDRESS 3299 NW 2 AVENUE #200		STREET ADDRESS 7999 N. Federal Hwy, #202	
CITY-ST-ZIP BOCA RATON FL 33431		CITY-ST-ZIP Boca Raton, FL 33487	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 or 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.	
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SIGNATURE: David A. Rustine 4/1/04 561-992-2000
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