

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 14, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000033116</b>		
1. Entity Name DATA MANAGEMENT SYSTEMS, INC.		
Principal Place of Business 1051 CEPHAS DR CLEARWATER, FL 33765 US		Mailing Address 1051 CEPHAS DR CLEARWATER, FL 33765 US
<b>DO NOT WRITE IN THIS SPACE</b>		
		01152004 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-3375824 Applied For Not Applicable
6. Name and Address of Current Registered Agent  LITTLE, THOMAS C 2123 NE COACHMAN RD SUITE A CLEARWATER, FL 34625		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
		<b>DO NOT WRITE IN THIS SPACE</b>
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  		DATE <u>2/11/04</u>
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCARFIA, MICHAEL J 1079 CEPHAS DR CLEARWATER, FL 33765	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SCARFIA, MICHELLE 1079 CEPHAS DR CLEARWATER, FL 33765	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RIDDLE, GERALD 1051 CEPHAS DRIVE CLEARWATER, FL 33765	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BERRY, JENNIFER M 1079 CEPHAS DRIVE CLEARWATER, FL 33765	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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.		
SIGNATURE: 		DATE <u>2/11/04</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #