## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P97000079204

1. Entity Name

THE CENTRE FOR OPERATIONAL BUSINESS INTELLIGENCE, INCORPORATED



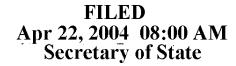
Principal Place of Business

1133 4TH ST., STE. 200 SARASOTA, FL 34236 Mailing Address

919 WILLOWBROOK DR.

SUITE B

HUNTSVILLE, AL 35802





02062004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0792406 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

WILLIAM E. DEGENARO 1133 4TH STREET, SUITE 200 SARASOTA, FL 34236

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

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						
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		<ol> <li>Election Campaign Finan Trust Fund Contribution.</li> </ol>	cing	\$5.00 May Be Added to Fees	U00000125307 04/22/04-80080-005 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEGENARO, WILLIAM E. 1133 4TH STREET, SUITE 200 SARASOTA, FL 34236	CTORS -				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST NOLAN, JOHN A III 919 WILLOWBROOK DR., STE B HUNTSVILLE, AL 35802	-		-		
TITLE NAME STREET ADDRESS CITY-ST-78P				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY: ST-ZIP				IN .	THIS SPACE	
THE NAME STREET ADDRESS CITY-ST-ZIP						
THEE NAME STREET ADDRESS CHT+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 adjother like empowered						

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR