

2004 FOR PROFIT CORPORATION ANNUAL REPORT

5/3/2004-91002-050-\$150.00-\$150.00

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AL 6-1-04



DOCUMENT # P97000086079			
1. Entity Name GREYSON TECHNOLOGIES, INC. <i>GREYSON INTERNATIONAL INC</i>			
Principal Place of Business 11773 BAYFIELD DR BOCA RATON, FL 33498		Mailing Address 11773 BAYFIELD DR BOCA RATON, FL 33498	
2. Principal Place of Business <i>4791 S. CITATION Dr</i>		3. Mailing Address <i>4791 S. CITATION Dr</i>	
Suite, Apt. #, etc. <i>#104</i>		Suite, Apt. #, etc. <i>#104</i>	
City & State <i>Delray Beach, FL</i>		City & State <i>Delray Beach, FL</i>	
Zip <i>33445</i>		Zip <i>33445</i>	
Country <i>PALM Beach</i>		Country <i>Palm Beach</i>	
4. FEI Number 65-0793714		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <i>TRUMAN HARVEY 11773 BAYFIELD DR BOCA RATON, FL 33498</i>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
State		State	
Zip Code		Zip Code	
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.		DATE	
SIGNATURE		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUMAN, HARVEY	NAME	
STREET ADDRESS	11773 BAYFIELD DR	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33498	CITY-ST-ZIP	
TITLE	DCEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAUMAN, JENNIFER C	NAME	
STREET ADDRESS	11773 BAYFIELD DR	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33498	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CACCAMU, CARDERO	NAME	
STREET ADDRESS	815 N. HOMESTEAD BLVD., #141	STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD, FL 33034	CITY-ST-ZIP	
TITLE	<i>D, Chairman, President</i> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>TAUMAN, HARVEY</i>	NAME	
STREET ADDRESS	<i>11773 Bayfield Dr</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>BOCA RATON, FL 33498</i>	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>CARDERO, NESTER</i>	NAME	
STREET ADDRESS	<i>815 N. Homestead Blvd</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>HOMESTEAD, FL 33034-5024</i>	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.			
SIGNATURE: <i>Harvey Tauman</i>		Date: <i>4/29/04</i> Daytime Phone #: <i>561-409-4795</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	