


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90477 003 \*\*\*150.00

<b>DOCUMENT # P97000098896</b> 1. Entity Name <b>PRASARA TECHNOLOGIES, INC.</b>					
Principal Place of Business <b>220 EAST CENTRAL PARKWAY ALTAMONTE SPRINGS, FL 32701 US</b>			Mailing Address <b>5030 SUGARLOAF PKWY LAWRENCEVILLE, GA 30044</b>		
2. Principal Place of Business <b>5030 Sugarloaf Parkway</b> Suite, Apt. #, etc.		3. Mailing Address <b>5030 Sugarloaf Parkway</b> Suite, Apt. #, etc.			
City & State <b>Lawrenceville, GA</b>		City & State <b>Lawrenceville, GA</b>		4. FEI Number <b>59-3482454</b>	
Zip <b>30044</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MONTGOMERY, ROBERT A 5030 SUGARLOAF PARKWAY LAWRENCEVILLE, GA 300442869 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NECESSARY, STEPHEN 5030 SUGARLOAF PARKWAY LAWRENCEVILLE, GA 300442869 <input type="checkbox"/> Delete		TITLE <u>NAME</u> STREET ADDRESS CITY - ST - ZIP	Steven D. Boyd <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WOO, ANGIE 5030 SUGARLOAF PARKWAY LAWRENCEVILLE, GA 300442869 <input type="checkbox"/> Delete		TITLE <u>NAME</u> STREET ADDRESS CITY - ST - ZIP	Anita S. Gifford <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T STEINER, GEORGE A 5030 SUGARLOAF PARKWAY LAWRENCEVILLE, GA 300442869 <input type="checkbox"/> Delete		TITLE <u>NAME</u> STREET ADDRESS CITY - ST - ZIP	Vice President & Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEEBE, ROBERT 5030 SUGARLOAF PARKWAY LAWRENCEVILLE, GA 300442869 <input type="checkbox"/> Delete		TITLE <u>NAME</u> STREET ADDRESS CITY - ST - ZIP	Michael C. Veysey <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Vice President/Treasurer Date _____ Daytime Phone # <b>770-236-4880</b>		