2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2004 8:00 am
Secretary of State
08-11-2004 90005 008 ***550.00

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DOCUMENT # P98000016327

1. Entity Name
AFFIRMATIVE TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
36370 US HIGHWAY 19 NORTH PALM HARBOR, FL 34684	36370 US HIGHWAY 19 NORTH PALM HARBOR, FL 34684

07072004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
35111 U.S. HIGHWAY 19 NORTH	SAME
Suite, Apt. #, etc. SUITE 200	Suite, Apt. #, etc.
City & State PALM HARBOR, FL	City & State
Zip 34684-1907 Country PINELLAS	Zip Country

4. FEI Number 59-3502974 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TITTERUD, RICHARD W
~~36370 US HIGHWAY 19 NORTH~~
~~PALM HARBOR, FL 34684~~

7. Name and Address of New Registered Agent

Name TITTERUD, RICHARD W.
Street Address (P.O. Box Number is Not Acceptable) 35111 U.S. HIGHWAY 19 NORTH
SUITE 200
City PALM HARBOR FL Zip Code 34684-1907

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 [signature] - PRESIDENT JULY 9, 2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TITTERUD, RICHARD W ~~36370 US HIGHWAY 19 NORTH~~ ~~PALM HARBOR, FL 34684~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 35111 U.S. HIGHWAY 19, NORTH PALM HARBOR, FL. 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BASSOUS, HABIB ~~36370 U.S. HIGHWAY 19 NORTH~~ ~~PALM HARBOR, FL 34684~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition SAME AS ABOVE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: [signature] RICHARD W. TITTERUD 7/9/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #