

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000009665

FILED  
Apr 26, 2004  
Secretary of State

Entity Name: THE BALLISTIC PIXEL LAB INC.

## Current Principal Place of Business:

435 DOUGLAS AVE., STE. 2705  
ALTAMONTE SPRINGS, FL 32714 US

## New Principal Place of Business:

## Current Mailing Address:

435 DOUGLAS AVE., STE. 2705  
ALTAMONTE SPRINGS, FL 32714 US

## New Mailing Address:

FEI Number: 59-3558731

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DAVIS, E. NICHOLAS III  
2710 REW CIRCLE, SUITE 100  
OCOE, FL 34761 US

## Name and Address of New Registered Agent:

DAVIS, E. NICHOLAS III  
12200 W. COLCONIAL DRIVE  
SUITE 303  
WINTER GARDEN, FL 34787 US

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.

SIGNATURE:

04/26/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: MATHIEU, DAVID  
Address: 145 WORNALL DRIVE  
City-St-Zip: SANFORD, FL 32771

Title: V ( ) Delete  
Name: WORLEY, DONNIE  
Address: 860 WESLEY CIRCLE, #302  
City-St-Zip: APOKA, FL 32703

Title: V ( ) Delete  
Name: JOBES, GREG  
Address: 1353 WESTCHESTER AVE.  
City-St-Zip: WINTER PARK, FL 32789

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID MATHIEU

PSD

04/26/2004

Electronic Signature of Signing Officer or Director

Date