2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004
Secretary of State

DOCUMENT# P99000022530

Entity Name: MICROSIMULATORS, INC.

Current Principal Place of Business:

330 S. TRIPLET LAKE DRIVE
CASSELBERRY, FL 32707

New Principal Place of Business:

1612 WHITE DOVE DR
WINTER SPRINGS, FL 32708 US

Current Mailing Address:

330 S. TRIPLET LAKE DRIVE
CASSELBERRY, FL 32707

New Mailing Address:

1612 WHITE DOVE DR
WINTER SPRINGS, FL 32708 US

FEI Number: 59-3585827 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, DAVID J JR.
330 S. TRIPLET LAKE DRIVE
CASSELBERRY, FL 32707

Name and Address of New Registered Agent:

SMITH, DAVID J JR.
1612 WHITE DOVE DR
WINTER SPRINGS, FL 32708 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: _____ 04/13/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SMITH, DAVID J JR.
Address: 330 S. TRIPLET LK DR
City-St-Zip: CASSELBERRY, FL 32707

Title: SD ( ) Delete
Name: SMITH, PATRICIA A
Address: 947 N. WESTSHORELAND DR.
City-St-Zip: ORLANDO, FL 32804

Title: TD ( ) Delete
Name: SMITH, DAVID J
Address: 947 N. WESTMORE LAND DR.
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SMITH, DAVID J JR.
Address: 1612 WHITE DOVE DR
City-St-Zip: WINTER SPRINGS, FL 32708

Title: SD (X) Change ( ) Addition
Name: SMITH, PATRICIA A
Address: 947 N WESTMORELAND DR
City-St-Zip: ORLANDO, FL 32804 US

Title: TD (X) Change ( ) Addition
Name: SMITH, DAVID J
Address: 947 N. WESTMORELAND DR.
City-St-Zip: ORLANDO, FL 32804 US

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 J SMITH JR PD 04/13/2004
Electronic Signature of Signing Officer or Director — Date