

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000035897

FILED
Jan 03, 2005
Secretary of State

Entity Name: MICROLOGIX INFORMATION SYSTEMS, INC.

Current Principal Place of Business:

3592 ALOMA AVENUE
STE 12A
WINTER PARK, FL 32992

Current Mailing Address:

P O BOX 789
GOLDENROD, FL 32833

New Principal Place of Business:

283 CRANES ROOST BLVD
SUITE 111
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

P O BOX 789
GOLDENROD, FL 32733

FEI Number: 59-3575290

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARDSON, RANDALL M
3592 ALOMA AVENUE
STE 12A
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

RICHARDSON, RANDALL M
P O BOX 789
GOLDENROD, FL 32733 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:

01/03/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RICHARDSON, RANDALL
Address: 5632 REVELWOOD LOOP
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RICHARDSON, RANDALL M
Address: 1154 O'DAY DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

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: RANDALL M. RICHARDSON

MR.

01/03/2005

Electronic Signature of Signing Officer or Director

Date