2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000097500

1. Entity Name



FILED Apr 28, 2004 8:00 am Secretary of State

5. Name and Address of Current Registered Agent	GEOMATICS CORP.					04-28-2004 90168 007 ***150.00					
Suite, Apr. #, etc. P. O. BOX 860205 P. O. BOX Number is Not Acceptable) P. D. BOX Number is Not Acceptable) P. D. The above named entity subtries this statement for the purpose of changing its registered agent, or both, in the State of Ricrida. I am familiate obligations of registered agent, or both, in the State of Ricrida. I am familiate obligations of registered agent, or both, in the State of Ricrida. I am familiate obligations of registered agent, or both, in the State of Ricrida. I am familiate obligations of registered agent, or both, in the State of Ricrida. I am familiate obligations of registered agent, or both, in the State of Ricrida. I am familiate obligations of registered agent, or both, in the State of Ricrida. I am familiate obligations of registered agent, or both, in the State of Ricrida. I am familiate obligations of registered agent, or both, in the State of Ricrida. I am familiate obligations of registered agent, or both, in the State of Ricrida. I am familiate obligations of registered agent, or both, in the State of Ricrida. I am familiate obligations of registered agent, or both, in the State of Ricrida. I am familiate obligations of registered agent, or both, in the State of Ricrida. I am familiate obligations of registered agent, or both, in the State of Ricrida. I am familiate obligations of registered agent, or both, in the State of Ricrida. I am familiate obligations of registered agent, or both, in the State of Ricrida. I am familiate obligations of registered agent, or both, in the State of Ricrida. I am familiate obligations of	4475 US 1 SOUTH #105		4475 US 1 SOUTH #105			 		- : fill a b il a (b //) il	III I a igh 21 111 21	((88) () (8¢)	
St. Signer St. Augustine, FI St. Augustine, FI Sp. 3607301 ### St. Augustine, FI Sp.	Principal Pla	ce of Business	3. Mailing Address								
20086 Country 20086 Country 5. Certificate of Status Desired \$8. Fee Fee Country 5. Certificate of Status Desired \$8. Fee Country 5. Certificate \$8. Fee For Certifica			Suite, Apt. #, etc. P.O. Box 860205			04102004	Chg-P	CR2E)34 (10/03)		
B. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent Name and Address (P.O. Box Number is Not Acceptable)	City & State St. Augustine, F1			e, Fl.						plied For t Applicabl	
DURDEN, TERRY 3848 HICKORY LANE SAINT AUGUSTINE, FL 32086 City FL			1 - 1			5. Certificate	of Status Desired		\$8.75 Add Fee Require		
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Street Address (P.O. Box Number is Not Acceptable) City	חסבא ד	FDDV		Name			•				
3. The abbove 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 familiate obligations of registered agent. Squares young or private rand registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating) DATE	3848 HICKORY LANE				Street Address (P.O. Box Number is Not Acceptable)						
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The obligations of registered agent: Signature Si							-		- 1		
After. May 1, 2004 Fee will be \$55.0.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS TO OFFICER	NATURES	ns of registered agent:	nd title if applicable. (NOTE	: Registered Agent signat	ure required wi	nen reinstating)	11, 11 11 11 3 3 3 4 6 0 7	•	El Dyn	and accept	
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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. Hurther 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NG OFFICER OR DIRECTOR

4/23/04 Daytime Phone #