2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000098173

1. Entity Name

SIGMAPLUS INTERNATIONAL, INC.



Principal Place of Business 16517 VANDERBILT DR. SUITE 3 BONITA SPRINGS, FL 34134 Mailing Address 368 GERMAIN AVE NAPLES, FL 34108

FILED Mar 08, 2004 08:00 AM Secretary of State

239,949.1000



DO NOT WRITE IN THIS SPACE

02022004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied F.

4. FEI Number	l	Applied For
52-2202598		Not Applicable
5. Certificate of Status Desired	\$8.75 Additional	

6. Name and Address of Current Registered Agent

BELSEY, ELIZABETH 368 GERMAN AVE NAPLES, FL 34108

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when				required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to F		\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVC BELSEY, ELIZABETH 368 GERMAIN AVE NAPLES, FL 34108					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLVILLE, STEVEN 368 GERMAIN AVE NAPLES, FL 34108					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY -ST- ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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.						

STEVEN COLVILLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR