


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2004 08:00 AM
Secretary of State

DOCUMENT # 845389

1. Entity Name
INNOVATIVE INTERFACES INCORPORATED



Principal Place of Business 5850 SHELLMOUND WAY EMERYVILLE, CA 94608 US	Mailing Address 5850 SHELLMOUND WAY EMERYVILLE, CA 94608 US
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DO NOT WRITE IN THIS SPACE



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number 94-2553274	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BURTON, MICHAEL
 9283 POWDER HORN AVENUE
 TALLAHASSEE, FL 32309-9790**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KLINE, GERALD M. 5850 SHELLMOUND WAY EMERYVILLE, CA 94608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCF HOFBAUER, JAMES A 5850 SHELLMOUND WAY EMERYVILLE, CA 94608
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 07/13/04-80004-010 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: James A. Hofbauer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James A. Hofbauer, VP/CFO

Date **07-07-04** Daytime Phone # **510 655-6200**