

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002938

FILED
Apr 19, 2005
Secretary of State

Entity Name: CAD POTENTIAL, INC.

Current Principal Place of Business:

1490 WEST 121ST AVENUE
SUITE 201
WESTMINSTER, CO 80234

New Principal Place of Business:

Current Mailing Address:

1490 WEST 121ST AVENUE
SUITE 201
WESTMINSTER, CO 80234

New Mailing Address:

FEI Number: 84-1103739 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: NOE, KEVIN
Address: 849 MERCURY CIRCLE
City-St-Zip: LITTLETON, CO 80124

Title: VD () Delete
Name: FELDER, DAVID
Address: 1184 SOUTH VINE
City-St-Zip: DENVER, CO 80210

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD () Change (X) Addition
Name: SMITH, DORA
Address: 1490 W 121ST AVE, STE 201
City-St-Zip: WESTMINSTER, CO 80234

Title: D () Change (X) Addition
Name: TOH, SHARON
Address: 1490 W 121ST AVE, STE 201
City-St-Zip: WESTMINSTER, CO 80234

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: KEVIN NOE

P

04/19/2005

Electronic Signature of Signing Officer or Director

_____ Date