


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90012 036 ***150.00

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|---|------------------------|---|-------------------------------|
| DOCUMENT # J66883 | |  | |
| 1. Entity Name ACCARDIS SYSTEMS, INC. | | | |
| Principal Place of Business 20061 DOOLITTLE ST. MONTGOMERY VILLAGE, MD 20886 US | | Mailing Address 20061 DOOLITTLE ST. MONTGOMERY VILLAGE, MD 20886 US | |
| 2. Principal Place of Business | | 3. Mailing Address 20061 DOOLITTLE ST. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State MONTGOMERY VILLAGE, MD | |
| Zip | Country | Zip | Country |
| | | 20886 | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| ANSEL, ERIC 601 SOUTH OCEAN DRIVE HOLLYWOOD, FL 33019 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL Zip Code | |
| 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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | NAME | TITLE | NAME |
| | ANTON, ROBERT | PRESIDENT | ANTON, ROBERT |
| STREET ADDRESS | 20061 DOOLITTLE ST. | STREET ADDRESS | 20061 DOOLITTLE ST. |
| CITY-ST-ZIP | GAITHERSBURG, MD 20886 | CITY-ST-ZIP | MONTGOMERY VILLAGE, MD 20886 |
| TITLE | NAME | TITLE | NAME |
| | | | |
| TITLE | NAME | TITLE | NAME |
| | | | |
| TITLE | NAME | TITLE | NAME |
| | | | |
| TITLE | NAME | TITLE | NAME |
| | | | |
| 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 titles empowered. | | | |
| SIGNATURE: <i>Robert Anton</i> | | Date: 1-8-04 | Daytime Phone #: 301-926-9085 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |