


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90255 013 ***158.75

DOCUMENT # P02000053400			
1. Entity Name ESCAPE VELOCITY SYSTEMS, INC.			
Principal Place of Business 3335 CASTLE PEAK AVE SUPERIOR, CO 80027		Mailing Address 3335 CASTLE PEAK AVE SUPERIOR, CO 80027	
2. Principal Place of Business 4730 Table Mesa Dr. Suite, Apt. #, etc. I-200 City & State Boulder CO Zip 80305 Country USA		3. Mailing Address 4730 Table Mesa Dr. Suite, Apt. #, etc. I-200 City & State Boulder CO Zip 80305 Country USA	
4. FEI Number 01-0662129		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		01272005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent GARBER, EVAN 10717 AYRSHIRE DR TAMPA, FL 33626		7. Name and Address of New Registered Agent Name Brant Garber Street Address (P.O. Box Number is Not Acceptable) 14312 Kellingsrew Place City Tampa FL Zip Code 33624	
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 <i>Brant Garber</i> Brant Garber Financial Advisor 4-18-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 STREET ADDRESS CITY-ST-ZIP	D GARBER, EVAN <input type="checkbox"/> Delete 10717 AYRSHIRE DR TAMPA, FL 33626	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Evan Garber <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2501 Vine Place Boulder CO 80304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, NATHANIEL <input type="checkbox"/> Delete 21930 OCEAN PINES DR LAND O'LAKES, FL 34639	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nathaniel Brown <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3335 Castle Peak Ave Superior CO 80027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 another like empowered.			
SIGNATURE: <i>Evan Garber</i> Evan Garber		4-19-05 303 494 1765 Date Daytime Phone #	

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