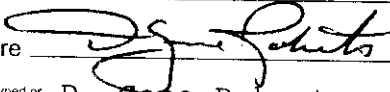
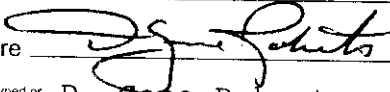
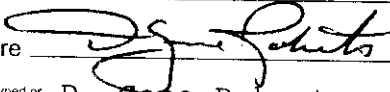


No. C 113478 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than January 31, 2004 Annual Report Form 1. Mailing Address - Correct in this box, if applicable: PROTEGRITY SERVICES, INC. 260 WEKIVA SPRINGS RD LONGWOOD, FL 32779	2. Registered Agent and Office NO PO BOX CORPORATION SERVICE COMPAN 1401 SHORELINE DR STE 2 BOISE, ID 83702 3. <u>New</u> Registered Agent Signature
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4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	D.Gene Roberts	260 Wekiva Springs Rd	Longwood	FL	32779
Director	D.Gene Roberts	260 Wekiva Springs Rd	Longwood	FL	32779
Secretary	Kelly Cecconi	260 Wekiva Springs Rd	Longwood	FL	32779

5. Organized Under the Laws of: <div style="text-align: center;"> FLORIDA C 113478 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature  </td> <td style="width: 40%;"> Date <u>11/11/03</u> </td> </tr> <tr> <td> Name <small>(Typed or Printed)</small> <u>D. Gene Roberts</u> </td> <td> Title <u>President/ Director</u> </td> </tr> </table>	Signature 	Date <u>11/11/03</u>	Name <small>(Typed or Printed)</small> <u>D. Gene Roberts</u>	Title <u>President/ Director</u>
Signature 	Date <u>11/11/03</u>				
Name <small>(Typed or Printed)</small> <u>D. Gene Roberts</u>	Title <u>President/ Director</u>				