2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90046 022 ***150.00

DOCUMENT # F04000002582

1. Entity Name
REZULT IT SOURCING SOLUTIONS, INC.

Principal Place of Business	Mailing Address
402 BNA DRIVE, SUITE 201 NASHVILLE, TN 37217	402 BNA DRIVE, SUITE 201 NASHVILLE, TN 37217

01042005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
750 Old Hickory Blvd	750 Old Hickory Blvd.
Suite, Apt. #, etc.: Suite 2-222	Suite, Apt. #, etc.: Suite 2-222
City & State: Brentwood, TN	City & State: Brentwood, TN
Zip: 37027 Country: Davidson	Zip: 37027 Country: Davidson

4. FEI Number 41-2056900 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOWLER, RICHARD
20283 STATE ROAD 7, SUITE 300
BOCA RATON, FL 33498

7. Name and Address of New Registered Agent

Name: Richard Fowler
Street Address (P.O. Box Number is Not Acceptable): 2101 NW Corporate Blvd
Suite 315
City: Boca Raton FL Zip Code: 33431

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: Richard Fowler DATE: 1/4/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	RANSOM, CHUCK	
STREET ADDRESS	4705 BENTON SMITH RD.	
CITY-ST-ZIP	NASHVILLE, TN 37215	
TITLE	CEO	☐ Delete
NAME	CARRICO, JOHN	
STREET ADDRESS	4016 DORCAS DRIVE	
CITY-ST-ZIP	NASHVILLE, TN 37215	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 like empowered.

SIGNATURE: [signature] 1/4/05 615-250-3360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #