

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90060 028 \*\*\*158.75

**DOCUMENT # F98000001715**  
 1. Entity Name  
**RADIXX SOLUTIONS INTERNATIONAL, INC.**



Principal Place of Business      Mailing Address  
**9411 TRADEPORT DRIVE**      **9411 TRADEPORT DRIVE**  
**ORLANDO FL 32827**      **ORLANDO FL 32827**

**94033970**



MOORE      CR2E034 (11/03)

2. Principal Place of Business      3. Mailing Address  
**6300 HAZELTINE NATIONAL DR.**      **SAME AS #2**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**SUITE 108**

City & State      City & State  
**ORLANDO, FL.**

4. FEI Number      Applied For  
**52-2088221**      Not Applicable

Zip      Country      Zip      Country  
**32822-5109**      **USA**

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

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	OLBRYCH, JACK	
STREET ADDRESS	P O BOX 155	
CITY-ST-ZIP	BROWNSVILLE VT	
TITLE	PCD	<input type="checkbox"/> Delete
NAME	PERI, RONALD J	
STREET ADDRESS	11516 WILLOW GARDENS DRIVE	
CITY-ST-ZIP	WINDERMERE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	ANDERSON, THOMAS	
STREET ADDRESS	31 ROEBLING ROAD	
CITY-ST-ZIP	BERNARDSVILLE NJ	
TITLE	D	<input type="checkbox"/> Delete
NAME	HORN, JOHN S	
STREET ADDRESS	5856 MASTERS BLVD.	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHONG, LARRY	
STREET ADDRESS	506 12TH ST	
CITY-ST-ZIP	BROOKLYN NY 11215	
TITLE	D	<input type="checkbox"/> Delete
NAME	WELCH, JACK	
STREET ADDRESS	8 HARVEY DRIVE	
CITY-ST-ZIP	BERNARDSVILLE NJ 07924	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: RONALD J. PERI      2/19/04      407-856-9009  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #