<u>UN</u>	IFORM BUSIN	ESS REPOR	T (UBR)	- Carratary of Ctata		
DOCUMENT # P0200043718 1. Entity Name ROI SOLUTIONS, INC.				Secretary of State 05-19-2003 90216 046 ***150.00		
Principal Place of Business 2090 AUGUSTA WESTON FL 33326		Mailing Address 2090 AUGUSTA WESTON FL 33326				
2. Principal Place of Business		3. Mailing Address		T TO BELLE BALL THE BELLE THREE THREE THREE THE BELLE		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number Applied For Not Applicable		
Žip	Country	Zip	Country	5. Certificate of Status Desired		
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent		
ROTH, SHARI B 2090 AUGUSTA WESTON FL 33326				Name Street Address (P.O. Box Number is Not Acceptable)		
			City	FL Zip Code		
SIGNATURE	Signature, typed or printed farm of recistered agent FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of		TE: Registered Agent signature re	9. Election Campaign Financing Trust Fund Contribution. \$5,00 May Be Added to Fees		
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ROTH, SHARI B 2090 AUGUSTA WESTON FL 33326	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE . NAME STREET ADDRESS CITY-ST-ZIP	COO BOYKIN, ANDRE F 2090 AUGUSTA WESTON FL 33326	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	THTLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE		□ Dalata	TITLE	Change 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 of trustee embowered 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 all address, with all other we empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

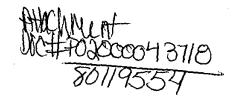
NAME

STREET ADDRESS

CITY-ST-ZIP

FICER OR DIRECTOR

2003 FOR PROFIT CORPORATION



SHARI B. ROTH

5/15/03

Per my conversation
today with John, from
the UBR office, please
process my payment
for my corporation
ROI Soldions, line
I am relatively new corporation
I the paperwork was just
found in a stack of papers
Thankyou
Shari Roth