


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90406 031 \*\*\*150.00

**DOCUMENT # P93000064491**  
 1. Entity Name  
**TECHNOLOGY SOLUTION PROVIDERS, INC**



Principal Place of Business      Mailing Address  
 2530 N POWERLINE RD., S-401      2530 N POWERLINE RD., S-401  
 POMPANO BCH., FL 33069      POMPANO BCH., FL 33069

**DO NOT WRITE IN THIS SPACE**

57010019



04272005    No Chg-P    CR2E034 (10/03)

4. FEI Number 65-0436526	Applied For Not Applicable
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5. Certificate of Status Desired        **\$8.75** Additional Fee Required

DEPARTMENT OF STATE

6. Name and Address of Current Registered Agent  
 MA, CHUNG  
 2530 N POWERLINE RD., S-401  
 POMPANO BCH., FL 33069

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 NAME STREET ADDRESS CITY-ST-ZIP	P MA, CHUNG 2530 N POWERLINE RD., S-401 POMPANO BCH., FL
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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:** X *Chung Ma*      Chung Ma      4/29/05      954-557-0829  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #