2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000090169

FILED Jan 04, 2005 Secretary of State

Entity Name: SOLUTION BUILDERS OF NORTH FLORIDA, INC. **Current Principal Place of Business: New Principal Place of Business:** 627 HWY 17 SOUTH SAN MATEO, FL 32187 **Current Mailing Address: New Mailing Address: 627 HWY 17 SOUTH** SAN MATEO, FL 32187 FEI Number: 36-4469250 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PASS, MADELINE G 627 HWY 17 SOUTH SAN MATEO, FL 32187 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition PASS, MEDLINE G PASS, OLON D Name: Name: 354 SISCO RD 354 SISCO RD Address: Address: City-St-Zip: POMONA PARK, FL 32181 City-St-Zip: POMONA PARK, FL 32181

Title: () Delete Title: VΡ () Change (X) Addition

PASS, OLON D Name: Name: Address: Address: 354 SISCO RD POMONA PARK, FL 32181 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OLON D. PASS **PRES** 01/04/2005