


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F01000001551</b> 1. Entity Name PRE SOLUTIONS, INC.	
---	---

Principal Place of Business 520 GUTHRIDGE COURT, SUITE 100 NORCROSS, GA 30092	Mailing Address 520 GUTHRIDGE COURT, SUITE 100 NORCROSS, GA 30092
---	---

**DO NOT WRITE IN THIS SPACE**



03232004 No Chg-P CR2E034 (10/03)

4. FEI Number 58-2567918	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
--

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

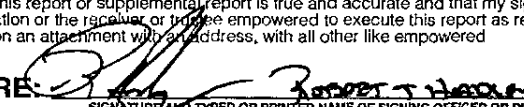
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GALLETLY, HARRY J 520 GUTHRIDGE COURT, SUITE 100 NORCROSS, GA 30092
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HODGES, JEFF 520 GUTHRIDGE COURT, SUITE 100 NORCROSS, GA 30092
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOODROOF, ALBERT C 824 THIRD AVENUE WEST POINT, GA 31833
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HADLEY, ROBERT T JR 520 GUTHRIDGE CT STE 100 NORCROSS, GA 30092
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LANIER, CAMPBELL B III 3300 20TH AVENUE VALLEY, AL 36854
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLER, GEORGE M III 3300 20TH AVENUE VALLEY, AL 36854

U000000154811  
05/05/04-80012-003 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:  4-124 772-344-2255

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