

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000006455

FILED  
Feb 23, 2005  
Secretary of State

Entity Name: GOVERNMENT SOLUTIONS, INC.

**Current Principal Place of Business:**

112 STRAWBERRY HILL AVE., STE G  
STAMFORD, CT 06902

**New Principal Place of Business:**

**Current Mailing Address:**

112 STRAWBERRY HILL AVE., STE G  
STAMFORD, CT 06902

**New Mailing Address:**

FEI Number: 06-1568266      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MATHIS, JULIE  
23515 DAWN AVE.  
PORT CHARLOTTE, FL 33954      US

**Name and Address of New Registered Agent:**

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:**

Title: PCD ( ) Delete  
Name: WEEKES, ALEX P  
Address: 112 STRAWBERRY HILL AVE, STE G  
City-St-Zip: STAMFORD, CT 06902

Title: V ( ) Delete  
Name: LOMARTO, MARK  
Address: 249 NORSUM DR.  
City-St-Zip: LONGHORN, PA

Title: T ( ) Delete  
Name: WEEKES SR, ALEX P  
Address: RT 3 TWIN  
City-St-Zip: MT, NH 03595

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PCD (X) Change ( ) Addition  
Name: WEEKES, ALEX P  
Address: 12 GARRISON DRIVE  
City-St-Zip: GUILFORD, CT 06437

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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 Statutes. 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: ALEX WEEKES

PCD

02/23/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date