2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003780

HOLLYWOOD, FL 33019

City-St-Zip:

FILED May 29, 2004 Secretary of State

Entity Na	me: TIGRAS	SOLUTIONS INC.			
Current P	rincipal Plac	e of Business:	New Principal Place of	New Principal Place of Business:	
508 READING CIRCLE BRIDGEWATER, NJ 08807			2665 MAIN ST. LAWRENCEVILLE, NJ	2665 MAIN ST. LAWRENCEVILLE, NJ 08648	
Current N	lailing Addre	ss:	New Mailing Address	New Mailing Address:	
	CEAN DRIVE OOD, FL 330°				
FEI Number	: 31-1822676	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of	Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
	, WILLIAM ITH OCEAN D DOD, FL 3301	PRIVE, STE. 16P 19 US			
	e named entity e of Florida.	submits this statement for the	e purpose of changing its registered	office or registered agent, or both,	
SIGNATUI	RE:				
Electronic Signature of Registered Agent			gent	Date	
Election Ca	mpaign Financir	ng Trust Fund Contribution ().			
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	COSMAN, WÌI	N DRIVE, STE. 16P	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	HARVEY, LAÙ) Delete RIE N DRIVE, STE. 16P	Title: Name: Address:	() Change () Addition	

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: WILLIAM COSMAN MR. 05/29/2004