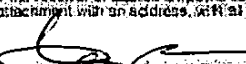


FILED  
Mar 02, 2005 8:00 am  
Secretary of State

03-02-2005 90081 037 \*\*\*150.00

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| DOCUMENT # F04000000459                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                     |                                                 |                                                                                                                               |
| 1. Entity Name<br>3D VIRTUAL SOLUTIONS CORP.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                     |                                                                                                                                  |                                                                                                                               |
| Principal Place of Business<br>27499 RIVERVIEW CENTER BLVD.<br>SUITE 261<br>BONITA SPRINGS, FL 34134                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                     | Mailing Address<br>27499 RIVERVIEW CENTER BLVD.<br>SUITE 261<br>BONITA SPRINGS, FL 34134                                         |                                                                                                                               |
| 2. Principal Place of Business<br>9148 Bonita Beach Road                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                     | 3. Mailing Address<br>9148 Bonita Beach Road                                                                                     |                                                                                                                               |
| Suite, Apt., etc.<br>Suite 202                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                     | Suite, Apt., etc.<br>Suite 202                                                                                                   |                                                                                                                               |
| City & State<br>Bonita Springs, FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                     | City & State<br>Bonita Springs, FL                                                                                               |                                                                                                                               |
| Zip<br>34135                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                     | Country<br>U.S.A.                                                                                                                |                                                                                                                               |
| Zip<br>34135                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                     | Country<br>U.S.A.                                                                                                                |                                                                                                                               |
| 4. FEI Number<br>98-0415168                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                     | Applied For<br>Not Applicable                                                                                                    |                                                                                                                               |
| 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                     |                                                                                                                                  |                                                                                                                               |
| 6. Name and Address of Current Registered Agent<br>C.T. CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |                                                                                                                               |
| 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<br>Signature of person authorized to register as agent or of said registered agent (NOTE: Registered Agent signature required when changing)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                     |                                                                                                                                  |                                                                                                                               |
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2005 Fee will be \$550.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                     | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees                   |                                                                                                                               |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 11)                                                                          |                                                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | CP<br>BOUCHER, MARTIN<br>2685 ROLLAND STREET #300<br>STE-ADELE OC J88 1C9 CANADA <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                 | C<br>Boucher, Martin<br>No change of address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DVS<br>PILON, DANIEL<br>2685 ROLLAND STREET #300<br>STE-ADELE OC J88 1C9 CANADA <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                 | D/P/S<br>Pilon, Daniel<br>No change of address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DTV<br>D'Aoust, Clifford<br>2685 ROLLAND STREET #300<br>STE-ADELE OC J88 1C9 CANADA <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                 | D/V<br>D'Aoust, Clifford<br>No change of address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> Delete                                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                             |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 310.07(3)(b), Florida Statutes. I further certify that the information indicated on the report of 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 secretary or trustee empowered to execute the report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, or if otherwise empowered. |                                                                                                                     |                                                                                                                                  |                                                                                                                               |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     | Daniel Pilon, President (405) 229-1101                                                                                           |                                                                                                                               |
| SIGNATURE AND TYPED OR PRINTED NAME OF CHANGING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                     | Date                                                                                                                             |                                                                                                                               |