


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2005 08:00 AM
Secretary of State

DOCUMENT # F0400006279 1. Entity Name TECHNO SOLUTIONS GROUP, INC.	
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Principal Place of Business 540 BRICKELL KEY DRIVE, STE. 528 MIAMI, FL 33131	Mailing Address 540 BRICKELL KEY DRIVE, STE. 528 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE



07182005 No Chg-P CR2E034 (10/03)

4. FEI Number 86-0510713	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
 RICCIUTI, VICTORIA L
 540 BRICKELL KEY DR. #528
 MIAMI, FL 33131

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 _____ DATE 08/01/05-80009-022 150.00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RICCIUTI, VICTORIA L 540 BRICKELL KEY DRIVE, STE. 528 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RICCIUTI, PATRICK 540 BRICKELL KEY DRIVE, STE. 528 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUNELLI, VIRGINIA 1035 E. VISTA WAY VISTA, CA 920844604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Virginia Sunelli VIRGINIA SUNELLI JULY 27, 2005 760-941-1160

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