## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000006581

City-St-Zip:

LOS ANGELES, CA 90025

FILED Apr 11, 2006 Secretary of State

Entity Name: SOLUTIONZ VIDEOCONFERENCING, INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1950 SAWTELLE BLVD. #185 LOS ANGELES, CA 90025				901 BRINGHAM AVENUE BRENTWOOD, CA 90049	
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
1950 SAWTELLE BLVD. #185 LOS ANGELES, CA 90025				901 BRINGHAM AVENUE BRENTWOOD, CA 90049	
FEI Number:	: 38-3645853	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
MAHER, SEAN 4563 PARNELL DRIVE SARASOTA, FL 34232 US				QUINN, DAVID 414 MOHAVE TERRACE LAKE MARY, FL 32746 US	
	named entity se of Florida.	ubmits this statement for the p	urpose of changing its register	ed office or registered agent, or both,	
SIGNATURE: DAVID QUINN				04/11/2006	
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () FERNANDEZ, K 11540 ROCHES LOS ANGELES,	TER AVE #203	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S () FERNANDEZ, R 8050 S. MICHEI TEMPE, AZ 852	E LANE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	T () FERNANDEZ, P 1243 WELLSLE		Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

City-St-Zip:

SIGNATURE: PEPPER FERNANDEZ 04/11/2006 Τ