

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90008 042 ***550.00

DOCUMENT # F9600000410

1. Entity Name
 HIGH TECHNOLOGY SOLUTIONS, INC.



Principal Place of Business Mailing Address

9771 CLAIRMONT MESA BLVD #A 9771 CLAIRMONT MESA BLVD #A
 STE A STE A
 SAN DIEGO, CA 92124 US SAN DIEGO, CA 92124 US

44049809



2. Principal Place of Business 3. Mailing Address

4810 EASTGATE TALL 4810 EASTGATE TALL
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 BRIDGE POINT CORP. CENTRE BRIDGE POINT CORP. CENTRE
 City & State City & State
 SAN DIEGO, CA SAN DIEGO, CA
 Zip Zip Country Country
 92121 92121 U.S.A. U.S.A.

07022004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOC CAMAISA, ALLAN J 9665 CHESAPEAKE DRIVE, STE. 300 SAN DIEGO, CA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO GREEN, WILLIAM 9665 CHESAPEAKE DRIVE, STE. 300 SAN DIEGO, CA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STVP STEWART, ALLAN 9665 CHESAPEAKE DR., #300 SAN DIEGO, CA 92123	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLACK, JOSEPH 9665 CHESAPEAKE DRIVE, STE. 300 SAN DIEGO, CA 92123	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUMATAY, ERNIE 904 SILVER SOUR RD STE 103 PALOS VERDES PENINSULA, CA 90274	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARING, JOHN S. 1809 NW GREGORY DRIVE VANCOUVER, WA 98665	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KOSCHER, PETER 4810 EASTGATE TALL SAN DIEGO, CA 92121	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO GREEN, WILLIAM 4810 EASTGATE TALL SAN DIEGO, CA 92121	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STVP STEWART, ALLAN 4810 EASTGATE TALL SAN DIEGO, CA 92121	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLACK, JOSEPH 4810 EASTGATE TALL SAN DIEGO, CA 92121	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: Peter R Koscher Date: 7/26/04 Daytime Phone #: 858-812-9358